DOCUMENT RESUME

ED 324 130 PS 019 113

AUTHOR House-Deere, Deb, Comp.; Beckett, Julie, Comp.
TITLE Iowa Programs Providing and Financing Children's Care and Services. A Parent's Guide.
INSTITUTION Iowa State Dept. of Education, Des Moines.
PUB DATE 90
NOTE 233p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC10 Plus Postage.
DESCRIPTORS Blindness; Check Lists; *Child Health; *Community Programs; Day Care; Deafness; *Disabilities; *Early Childhood Education; Family Programs; Federal Legislation; *Financial Support; Guidelines; Health Insurance; Nurses Aides; Nursing; Nutrition; Organizations (Groups); Preschool Education; Program Descriptions; Public Health; *State Programs
IDENTIFIERS Education of the Handicapped Act Amendments 1986; *Iowa; Medicaid; Medicare; Project Head Start; Screening Programs

ABSTRACT

The primary purpose of this document is to help Iowa's parents of young children with special needs find financial resources and services. It is expected that the document will also serve as a resource guide for professionals who provide services to children with special needs and their families. Contents are organized in four sections concerning, respectively, health, education, community and state services, and other sources for financial assistance or support services. Program descriptions provide such information as: (1) a program overview; (2) descriptions of services; (3) directions on making applications; (4) statements of costs, limitations, age requirements, and eligibility; and (5) a contact. The document also includes an overview of Public Law 99-457, the Education of the Handicapped Amendments of 1986. Related materials including family checklists, lists of clinics, lists of human services and other agency offices, medically needy income and other welfare eligibility guidelines, and early and periodic screening diagnosis, and treatment provisions, are supplied in 22 appendices. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

A Parent's Guide To...

IOWA PROGRAMS PROVIDING AND FINANCING CHILDREN'S CARE AND SERVICES

U.S. DEPARTMENT OF EDUCATION
X

The Iowa Department of Education
1990

PS 019113

Compiled by:

Deb House-Deere
Project Coordinator

Julie Beckett
Project Consultant

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Mary Jo Bruett
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

State of Iowa
DEPARTMENT OF EDUCATION
Grimes State Office Building
Des Moines, Iowa 50319

STATE BOARD OF EDUCATION

Karen K. Goodenow, President, Spirit Lake
Dianne L. D. Paca, Vice President, Garner
Betty L. Dexter, Davenport
Thomas M. Glenn, Des Moines
Francis N. Kenkel, Defiance
Ron McGauvran, Clinton
Mary E. Robinson, Cedar Rapids
Ann W. Wickman, Atlantic
George P. Wilson III, Sioux City

ADMINISTRATION

William L. Lepley, Director and Executive Officer
of the State Board of Education
David H. Bechtel, Special Assistant
Mavis E. Kelley, Special Assistant

DIVISION OF INSTRUCTIONAL SERVICES

Susan J. Donielson, Administrator
J. Frank Vance, Chief
Bureau of Special Education
Joan Turner Clary, Consultant
Early Childhood Special Education
Linda S. Gleissner, Technical Assistance
Early Childhood Special Education

PS

Dedication

To Jerry, Craig, Jeremiah and Daniel; and to all families with special needs children throughout Iowa.

Appreciation

The author(s) would like to thank those persons who have provided the information for this project. Without their assistance and guidance this document would not have been possible.

Iowa Department of Public Health

Susan Anthony, Chief, Nutrition Bureau
Joyce Borgmeyer, Chief, Maternal and Child Health Bureau
Pat Howell, Bureau Chief, Homemaker-Home Health Aide Bureau

Iowa Department of Human Services

James Chesnik, CASSP, Project Director
Marg Corkery, Adoption Unit Manager
Donald Herman, Chief, Bureau of Medical Services
John Holtkamp, Unit Manager, Child Protective Services
Kathi Kellen, Special Programs Director
Joe Mahrenholz, Supervisor, Bureau of Medical Services
Charlcie Parrish, Foster Care Unit Manager
Harold Poore, Unit Manager for Child Care Services
Janet Shoeman, Mental Retardation Specialist
Vivian Thompson, ADC Policy Administrator

University of Iowa

Robert Bacon, Deputy Director for the Iowa University Affiliated Program
Roger Hoffman, Coordinator for Interagency Services, Division of Developmental Disabilities
Tom Hulme, A.C.S.W. Community Service Specialist, Child Health Specialty Clinics
Betty M. Ketchum, Administrative Assistant, Child Health Specialty Clinics
Brenda Moore, C.P.N.P., Coordinator, Iowa Home Care Monitoring Program
Mary Nixon, Registered Nurse, Child Psychiatry Services
Andy Penziner, M.D., M.S., Program Associate, Child Health Specialty Clinics
Elaine Sexsmith, Information Specialist, Division of Developmental Disabilities

Iowa Department of Education

Deb Hansen, Technical Assistant, Iowa Early Childhood Special Education Division
Yvonne Reisen, State Parent Coordinator, Parent-Educator Connection Project

Others

Margaret Bateman, Preschool Consultant, Iowa Braille and Sight Saving School
John Balk, Assistant Superintendent, Iowa School for the Deaf
Jane Butler, Executive Director, United Cerebral Palsy
Jack Denniston, Recreation Director, Easter Seals
Esther Fields, President, ARC Iowa
Dr. William Johnson, Superintendent, Iowa Braille and Sight Saving School
Jeanne Muellerleile, Camp Director, Camp Courageous of Iowa
Mary Ann Nantais, Shriners Hospitals, Public Relations Division
Karen Perlowski, Executive Director, Iowa Governor's Planning Council for Developmental Disabilities
Ann Marie Pross, Patient Service Coordinator, Muscular Dystrophy Association
Merv Roth, Director, Iowa Protection and Advocacy
Kathy Schiltz, President, Iowa Head Start Directors Association
Chris Morton, Director, Community Living Foundation
Michelle Warnke, Media Relations Associate, The Principal Financial Group

A special thank you is extended to the following individuals who have provided support and encouragement.

Dr. Larry Keele, Director of Special Education, Southern Prairie Area Education Agency #15
Karie Martindale, Supervisor, Early Childhood Special Education, Southern Prairie Area Education Agency #15
Deb Pumphrey, Parent
Linda Gleissner, Iowa Interagency Coordinating Council, Co-Chairperson, Southern Prairie Area Education Agency for providing the opportunity to undertake the project.

Table of Contents

PAGE

Preface i

Program Chart iv

HEALTH

1. Traditional Private Health Insurance Plans 2
   1) Insurance Terms 3
   A. Group Health Insurance 5
   B. Self-Purchased Individual Insurance Plan 7
   C. Self-Insured or Self-Funded Plans 8
   D. Health Maintenance Organizations (HMOs) 10
   E. Preferred Provider Organizations (PPOs) 11
   F. Iowa Comprehensive Health Association 12
   G. Health Care Resources: Alternative Medical Care, Case Management Services - Principal Financial Group. 14
2. Title XIX (19) Medical Assistance (Medicaid) 16
   A. Supplemental Security Income (SSI) 20
   B. State Supplemental Assistance (SSA) 22
   C. Medically Needy 25
   D. Home and Community Based Model Waiver 27
   E. Foster Care 30
   F. Subsidized Adoption 32
   G. Long Term Care Program 34
3. Medicare 36
4. Maternal and Child Health (MCH) 38
5. Women, Infant and Children (WIC) 40
6. Child Health Specialty Clinics (CHSC) 43
   A. Regional Nutrition Consultation Services 45
   B. Parent Partnership Project (SPRANS Grant) 47
   C. Iowa Home Care Monitoring Program 49
7. Public Health Nursing 51
8. Homemaker/Home Health Aide 53

EDUCATION

1. Early Childhood Special Education: Instructional Services
   - A. Home Instruction 57
   - B. Center-Based 59
   - C. Support Services 61
   - D. Parent-Educator Connection Project 64
2. Iowa Braille and Sight Saving School - Early Childhood/ Preschool Program 66
3. Iowa School for the Deaf - Early Childhood/Preschool Program . . 68
4. Head Start 70

COMMUNITY AND STATE SERVICES

Community

1. Family Support Subsidy Program 73
2. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 75
3. State Child Care Assistance (Title XX) 77
4. Child Protective Services 80
5. Food Stamp Program 82
6. Transitional Child Care 84
7. Iowa Child and Adolescent Service System Program (CASSP) 86

State

8. Developmental Disabilities Basic Grant Program 88
9. Governor's Council for Developmentally Disabled 89
10. Iowa Protection and Advocacy 91
11. University of Iowa Hospitals and Clinics
    - A. Division of Developmental Disabilities: Iowa's University Affiliated Program 94
      1. Child Development Clinic 95
      2. Myelodysplasia Clinic 95
      3. Metabolic Management Clinic 95
      4. Infant and Young Child Clinics 95
      5. Child and Young Adult Clinics 95
      6. Assistive Devices Information Network 98
      7. Iowa Directory of Services for People with Developmental Disabilities 101

8. Iowa Developmental Disabilities Newsletter 103
B. Child Psychiatry Clinic 105

OTHER SOURCES FOR FINANCIAL ASSISTANCE OR SUPPORT SERVICES
1. Community Living Foundation 108
2. Muscular Dystrophy Association 110
3. United Cerebral Palsy 112
4. Easter Seals
A. Sunnyside Day Camp 114
B. Sunnyside Respite 116
C. Camp Sunnyside 118
D. Sunnyside Adventure Camp 120
5. Camp Courageous of Iowa - Respite Care 122
6. Shriners Hospitals for Crippled Children 124
7. Variety Club 127
8. Iowa Association for Retarded Citizens (ARC) 129
OVERVIEW OF PUBLIC LAW 99-457. 131

APPENDICES
Appendix A - Private Insurance Checklist for Families x
Appendix B - Evaluation of HMOs: A Checklist for Families xiii
Appendix C - Iowa Comprehensive Health Association xv
Appendix D - Department of Human Services - County Offices xvi
Appendix E - Supplemental Security Income-Medical Criteria xxii
Appendix F - Social Security Administration - Regional Office Locations xliii
Appendix G - Medically Needy Income Guidelines xlvi
Appendix H - Definitions of Long-Term Care Facilities' Level of Care xlviii
Appendix I - Maternal and Child Health - Federal Poverty Guidelines xlix
Appendix J - Maternal and Child Health - Clinic Locations l
Appendix K - Women, Infant and Children - Common Factors Which Produce Nutritional Risk lii
Appendix L - Women, Infant and Children - Federal Poverty Guidelines liii

Appendix M - Women, Infant and Children - Clinic Locations liv
Appendix N - Child Health Specialty Clinics - Clinic Locations . . . lvi
Appendix O - County Public Health Nursing Service Locations lviii
Appendix P - Department of Education - Area Education
Agency Offices. lxx
Appendix Q - Parent-Educator Coordinator lxxi
Appendix R - Head Start Area Agencies lxxvi
Appendix S - Early and Periodic Screening, Diagnosis and
Treatment-Provisions lxxvii
Appendix T - Early and Periodic Screening, Diagnosis and
Treatment-Screening lxxix
Appendix U - State Child Care Assistance Income Guidelines lxxx
Appendix V - Neuromuscular Diseases lxxxi

BIBLIOGRAPHY lxxiii

Preface

Parents of special needs children often have difficulty locating financial resources and services for their children. Even when resources are located, uncertainty remains regarding the availability or requirements of the programs. The purpose of this document is to provide you, a parent of a special needs child, birth to 5 years of age, assistance in finding financial resources and services. The document is also anticipated to be a financial resource guide for professionals providing services to these children and their families.

This book was made possible through funds from Public Law 99-457 (P.L. 99-457), the Education of the Handicapped Act Amendments of 1986 which will provide services to Special Needs Infants and Toddlers and their families. (See pages 131-135 for more information on P.L. 99-457.)

This information is divided into four sections: **Health, Education, Community and State Services**, and **Other Sources for Financial Assistance or Support Services**. The programs described provide a funding source and/or a service program that may be a direct and/or an indirect service. The following are examples of these services.

A. A funding source is Supplemental Security Income (SSI), administered by the Social Security Administration. A cash payment is made to those families whose income has met/or falls below the eligibility guidelines. The family uses the cash assistance to pay for anything needed by their child. The cash assistance may also be used for rent, clothing, etc. Medical bills cannot be paid with cash assistance except for medical expenses not covered by the Iowa Medicaid program. With SSI, your child automatically receives a Medicaid card. Medicaid is responsible for providing payment for medical services designated within its' state plan and provided by an approved

Medicaid provider. However, if durable medical equipment, i.e., touch talkers, bath aids or supplies (such as specialized formulas) are not covered the cash assistance program may be used to purchase these items.

B. An example of a service program is Child Health Specialty Clinics (CHSC). Specialized clinic services are provided locally by physicians under contract to CHSC. CHSC may bill the family, their insurer or Medicaid a minimal charge for services, but even that is based on a sliding fee scale and ability to pay.

C. Service programs may provide a direct service, such as the Women, Infants and Children program run by the Iowa Department of Health. This program provides nutritional services and nutritional supplements (such as specialized formulas) to children under the age of five. Children are seen at a clinic by qualified personnel.

D. A service program may also provide an indirect service. Two examples of these kinds of programs are the Developmental Disabilities Council and the Iowa Home Care Monitoring program.

   1. The Developmental Disabilities Council provides assistance in getting services in place for children and adults with disabilities and assures that those services are provided appropriately.

   2. The Iowa Home Care Monitoring program provides case management services through the Child Health Specialty Clinics (CHSC) for all children served under the Medicaid "waiver" program. They organize and monitor direct service providers, i.e., home health care agencies, durable medical equipment dealers, physicians and educational personnel for appropriateness. They also monitor sources of payment to assure multiple funding resources are being utilized to support children in need.

HEALTH

INSURANCE

Until major health concerns arise, few individuals are aware of the coverage they have under their current health care insurance plan. To receive maximum benefits from your health care coverage, you should become knowledgeable concerning services covered under your current policy. Insurance is a contract established between the purchaser (either you as an individual or your employer on a group basis) and the insurance company. Your policy stipulates the agreement reached on provision of services and guarantees the coverage. You have a certain responsibility to uphold your part of the agreement as does the insurer to respond efficiently and effectively to any claims received by its claims center. The State Insurance Commissioners Office is responsible for monitoring all contracts written within the state. Before making a job change, you need to become aware of the different types of insurance programs and the services they provide.

You need to learn the identity of your insurance agent or employee benefits representative.

* Know your policy number and enrollment code and include them with any inquiry.
* Read your current policy or the policy you are considering.
* Get information in writing from your insurance agent about your insurance policy (see Appendices A & B).
* Keep a record of all phone calls, including date, time, person and content of the conversation.

To describe all the different plans and policies which are available is impossible. Some will have the maximum coverage possible while others are very minimal.

To determine if your current policy or a policy you are considering is adequate to meet the needs of your child and family, a description of terms and plans (private insurance, self-purchased insurance, self-insured or self-funded insurance, Health Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's) and the Iowa Comprehensive Health Plan) appear on the following pages to give you an overview of what is available. The Principal Financial Group and Blue Cross/Blue Shield of Iowa provide specific programs which also may be available if you are a carrier of their insurance plan.

Insurance Terms

You need to understand the following insurance terms when evaluating your current policy or considering changing policies.

Underwriting - A rider may be attached to an insurance policy determining which services will or will not be covered. A policy with a rider may increase your premium, but it can also increase the coverage for your special health needs child. Riders are usually added if the child was not insured during the time of open enrollment or is on a self-purchased individual policy. Riders are written to protect insurance companies from high risk individuals.

Benefit Limitations - Some policies have a limit on the amount the insurance company will pay. When the limit (cap) on a policy has been reached the individual may be dropped from insurance coverage. Certain services may also be limited as to the amount of coverage. Since in most cases, coverage is provided and usually chosen by the employer and union, you need to let your employer and union representative know of the future needs of your child/family.

Prior Authorization - Some policies require prior authorization for services which are not considered an emergency. You may be responsible for paying the total amount for the service if you do not receive prior authorization. Insurance companies provide information on prior authorization when you receive your policy. An employer or health care provider can contact your insurance company to support your request.

Cost Sharing - Every policy has a premium which is paid by an employer or individual. In most instances a deductible amount must be paid by the individual before the insurance company begins to help cover the cost for medical care. Co-payments are made by the insured person and the insurance company. This may be 20 percent paid by the insured person and 80 percent by the insurance company. Each policy is different and pays differently for outpatient and in-patient services. Outpatient services for health care may include physician visits or clinic visits. In-patient services are provided in a hospital.

Pre-Existing Condition - When you apply for benefits, any health problem you or a family member may have is considered to be a pre-existing condition. A rider may be attached to your policy.

Medically Necessary - Claims may be denied if the insurance company does not feel the service is necessary. Your policy will provide information concerning medical necessity.

Third Party - Your policy may state a third party liability clause which means that the company pays after other insurance coverage you may have pays. Most public programs, however, are the true "payor of last resort."

The Iowa Commissioner's Office for Insurance, Market Conduct Bureau, can be contacted for questions concerning complaints you may have with insurance companies dealing with claims. The complaint should be in writing and include copies of all bills or correspondence which you may have had regarding the complaint. The office address is:

Iowa Insurance Division
Market Conduct Bureau
Lucas State Office Building
Des Moines, Iowa 50319

Major Group Health Insurance Plan

OVERVIEW

A group policy which may or may not cover dependents is purchased by an employer for employees. This is considered a fringe benefit for an employee and may be a part of contract negotiations. Inform your representative now about your child and family's health care needs.

A probationary period may delay the date your coverage will begin (usually thirty to sixty days). Under such a policy, an insurer may cover 100 percent of cost of covered services. However, most plans today cover only 80 percent with the employee then being responsible for the remaining 20 percent of the cost of services. Also, there may be a stop/loss coverage for the insured which means you must pay a certain dollar amount (i.e. $2,000). Beyond that, any cost is paid by the policy 100 percent.

Major Medical Coverage may also be a part of your health insurance plan. This pays for high medical costs incurred in hospital care. Some plans do allow for Major Medical Coverage to be applied to home care treatments if the total cost of the care can be reduced by providing the same procedures in an alternative setting (home rather than hospital). Check with your insurer for more information on such options.

ELIGIBILITY

You and your family may or may not have to meet certain conditions to be insured.

COST

Premium payments are paid by the employer and/or employee to the insurance company on a monthly, quarterly, biannual or annual basis.

HOW TO APPLY

Usually a limited "open enrollment" period is set during which you can apply for benefits. After this time, you may need to prove medical insurability to qualify (and may not be able to insure your child with special health needs).

SAFEGUARDS

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99-272) is a federal law providing safeguards for health insurance coverage to employees who have been terminated or switched from full-time to part-time employment. Family members receiving coverage under the same policy are also protected under this law.

The law generally requires all employers with twenty or more employees to offer continuation of coverage under an existing group policy at group rates for up to eighteen months to employees and their family members previously covered. Terminated employees must be notified by the employer of availability of continuation of coverage. Employees generally are responsible for premium costs during this period.

A conversion policy is available to an employee who was terminated and previously received coverage under the group plan. The insurance company will contact the terminated employee and offer to convert the coverage to an individual plan. The premiums are usually extremely high and the benefits may be very minimal.

The Iowa Commissioner's Office for Insurance, Market Conduct Bureau, can be contacted for questions concerning complaints you may have with insurance companies dealing with claims. The complaint should be in writing and include copies of all bills or correspondence which you may have regarding the complaint. The office address is:

Iowa Insurance Division
Market Conduct Bureau
Lucas State Office Building
Des Moines, Iowa 50319

* Gaylor, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With A Chronic Illness or Disability (Madison, Wisconsin 1988).

* Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989).

Self-Purchased Individual Health Insurance

OVERVIEW

This policy is purchased by an individual and may cover the entire family. Individual insurance policies usually require proof of medical insurability. Assurances of continued coverage is vital if you have a child with special health needs. Under a guaranteed renewable policy your policy cannot be discontinued due to multiple claims or high cost claims as long as premiums are paid on time.

ELIGIBILITY

Individual insurance policies usually require proof of medical insurability.

COST

Premium payments are paid by the individual purchasing the policy to the insurance company on a monthly, quarterly, biannual or annual basis.

HOW TO APPLY

Numerous health care insurance companies are available in Iowa. You must "shop" around to find the policy which will meet the needs of your child and family.

* Gaylor, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With A Chronic Illness or Disability (Madison, Wisconsin 1988).

* Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989).

Self-Insured or Self-Funded Plans

OVERVIEW

Self-insured and self-funded plans are an option larger companies now have in providing health care coverage. The employer provides the employee with an insurance policy which explains what is provided in the plan. This policy is not regulated under the State Insurance Commission but must meet requirements specified by federal law. This can mean a reduction in mandated benefits. Because the plan may be administered by an insurance company, you need to determine if you are covered under the state laws on insurance. Ask your employer if your coverage is self-insured or with an insurance company.

COST

The employer pays the premiums to a trust fund.

SAFEGUARDS

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99-272) is a federal law providing safeguards for health insurance coverage to employees who have been terminated or switched from full-time to part-time employment. Family members receiving coverage under the same policy are also protected under this law.

The law generally requires all employers with twenty or more employees to offer continuation of coverage under an existing group policy at group rates for up to eighteen months to employees and their family members previously covered. Terminated employees must be notified by the employer of availability of continuation of coverage. Employees generally are responsible for premium costs during this period.

A conversion policy is available to an employee who was terminated and previously received coverage under the group plan. The insurance company will contact the terminated employee and offer to convert the coverage to an individual plan. The premiums are usually extremely high and the benefits may be very minimal.

The Iowa Commissioner's Office for Insurance, Market Conduct Bureau, can be contacted for questions concerning complaints you may have with insurance companies dealing with claims. The complaint should be in writing and include copies of all bills or correspondence which you may have regarding the complaint. The office address is:

Iowa Insurance Division
Market Conduct Bureau
Lucas State Office Building
Des Moines, Iowa 50319

* Gaylor, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With A Chronic Illness or Disability (Madison, Wisconsin 1988).

* Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989).

Health Maintenance Organizations (HMO'S)

OVERVIEW

Health Maintenance Organizations provide routine medical care and preventive medical care under contract with physicians and other health care providers to provide services to individuals covered by their policies. You must choose the physicians or health care providers under contract with the HMO for your health care needs. The HMO will make referrals if you want the HMO to pay for health services. You must have prior approval before obtaining services from a provider who is not a member of the HMO. An appropriate provider must be found to provide services if an office does not have a provider under contract with the HMO. Providers may be very limited if you have a child with special health care needs.

COST

Fixed prepaid premiums are usually paid by the employer or employee to the HMO on a monthly basis. Many HMO's do not require a deductible. The member usually pays a co-payment (a certain fee for a specific service) and does not have to file a claim for services.

* Gaylor, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With A Chronic Illness or Disability (Madison, Wisconsin 1988).

* Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989).

Preferred Provider Organizations (PPO'S)

OVERVIEW

Health care providers contract with employers, insurance companies, or organizations (third party) to deliver specific services at a lower price to PPO members. The group contracting with the PPO must provide a guaranteed number of patients and make payments promptly. A health care provider under this plan provides services at no charge to members. A co-payment is used to obtain health care services from health care providers not in the Preferred Provider Organization. Providers may be limited if you have a child with special health care needs.

COST

Premiums are usually paid by employees or other third party organizations.

* Gaylor, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With A Chronic Illness or Disability (Madison, Wisconsin 1988).

* Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989).

Iowa Comprehensive Health Plan (ICHP)

OVERVIEW

The Iowa Comprehensive Health Plan is designed to provide health insurance to Iowa residents who are unable to find adequate health care insurance coverage due to a mental or physical condition. Two plans are offered by ICHP. The coverage for services is the same for both plans. The only difference is the amount of the deductible and amount of out-of-pocket expense. The deductible you may choose is $500 or $1000 for a calendar year. The deductible amount must be paid before the plan pays for services. The lifetime maximum benefit (cap) you can receive under this plan is $250,000.

The plan covers services and supplies that are usual and customary for medically necessary services and supplies (as described in the plan) by a physician. More information is available concerning services and supplies from the Iowa Comprehensive Health Association.

ELIGIBILITY

Coverage is available to persons who:

a) are and continue to be residents of the state of Iowa; and
b) have received from one or more health insurers:
   1) notice of rejection for substantially similar health insurance, or
   2) notice of benefit reduction or specific condition exclusion, or
   3) notice of premium increase for in-force or applied for insurance exceeding the rate for this coverage; and
c) do not have other insurance which is similar to this plan;
d) are not on Medical Assistance;
e) are not eligible for public programs for which medical care is provided; or
f) are not inmates of a public institution.

COST

See Appendix C for monthly premium charges.

WHERE TO APPLY

You may obtain information or apply to any agent licensed to sell health insurance in the State of Iowa, or you can send for information or an application to:

Iowa Comprehensive Health Association Administrator
Mutual of Omaha Insurance Company
P. O. Box 31746
Omaha, Nebraska 68131
(800) 445-8603

Health Care Resources:
Alternative Medical Care, Case Management Services

OVERVIEW

Health Care Resources, designed by The Principal Financial Group, assists in encouraging the quality of care and the most complete possible care in the most effective manner.

AGE REQUIREMENTS AND ELIGIBILITY

Children from birth to 19 (varies by contract) who are covered under health care plans by The Principal Financial Group may be eligible for services.

SERVICE(S)

Case Managers who are registered nurses, provide a variety of support services.

The three regional claim service offices are located in Cedar Rapids, Ames and Des Moines.

COST

There is no cost to families/child covered under The Principal Financial Group plan.

WHERE TO APPLY

Principal Financial Group claim centers are located in Cedar Rapids, Iowa; Ames, Iowa; and Des Moines, Iowa. Contact the center nearest you.

RESPONSIBLE AGENCY

The Principal Financial Group

CONTACT SOURCE

Sandra Hinkle, Senior Consultant
Group Claim - Health Care Resources
The Principal Financial Group
711 High Street
Des Moines, Iowa 50309

Title XIX Medical Assistance (Medicaid)

OVERVIEW OF PROGRAM

Medicaid is a federal and state Department of Human Services program which pays for covered medical and health services. It has been described as an insurance plan for certain families and children and is the main source of public financing for health services to uninsured, low income Iowans.

AGE REQUIREMENTS AND ELIGIBILITY

A child or family must qualify for one of the programs for children listed below to become eligible for Medicaid.

1. ADC-Related Medicaid - This coverage area includes various programs with differing financial and non-financial eligibility criteria. These programs provide Medicaid coverage both to children ages 0-21 and to pregnant women of any age who are ineligible for ADC. Additionally, persons whose income or resources exceed the limits for any ADC-related Medicaid program may be eligible under the Medically Needy program. Persons with income over the "Medically Needy Income Level" are conditionally eligible and must meet a "spenddown" (deductible) by assuming responsibility for and subtracting some of the person's medical expenses from their excess income prior to the issuance of a Medicaid card. (See pages 25-26 for more information on the Medically Needy program.)

2. Supplemental Security Income (SSI) - This program provides financial assistance to anyone who has limited income and/or resources and meets specific disability requirements. (See pages 20-21 for more information on SSI).

3. Medically Needy Program - This Medicaid Program is for certain persons who are either aged, blind, disabled or have dependent children but have too much income for ADC or SSI. Households with incomes over a "Medically Needy Income Level" may be conditionally eligible for benefits after incurring a "spenddown" (deductible). (See pages 25-26 for more information on Medically Needy Program.)

4. Model Waiver Program, also known as Home and Community-Based Service Program (HCBS) - The HCBS Program is for people who otherwise must

enter or remain in institutions to qualify for Medicaid because they do not meet financial guidelines for Supplemental Security Income (SSI) or other programs that provide Medicaid coverage. (See pages 27-29 for more information on Model Waiver Program.)

5. Foster Care Services - Children placed in a family foster home, group home, residential treatment facility or an independent living situation qualify for Medicaid services. (See pages 30-31 for more information on Foster Care Services.)

6. Subsidized Adoption - This program provides financial assistance to adoptive parents of children with special needs who otherwise might not be adopted due to their age, race, handicap or need to be placed as a sibling group. (See pages 32-33 for more information on the Subsidized Adoption program.)

7. Long Term Care - A child who meets SSI disability criteria and is placed in a medical institution (i.e., hospital, nursing facility or other specialized treatment facility) can generally become eligible for Medicaid payment regardless of parental income if he or she is institutionalized for at least a full calendar month. (See pages 34-35 for more information on Long Term Care.)

SERVICE(S)

Medicaid recipients have a choice about how they receive health care. You may choose the doctor, dentist, pharmacy or other providers of services. However, the providers of service also may choose whether or not they wish to participate in the program.

Medicaid covers medically necessary services provided by:

* medical and osteopathic physicians
* dentists
* chiropractors
* podiatrists
* optometrists
* opticians
* psychologists and physical therapists practicing independently
* intermediate and skilled nursing facilities (not covered for medically needy individuals)
* home health agencies, rehabilitation agencies and rural health clinics
* independent laboratories
* community mental health centers
* hospitals
* audiologists
* hearing aid dealers
* area education agencies

* screening centers
* maternal health centers
* birth centers
* nurse midwives
* genetic consultation centers
* family planning clinics
* certified registered nurses
* anesthetists
* ambulatory surgical centers
* medical equipment and supply dealers

Medicaid may also cover:

* prescribed drugs
* medical equipment and appliances, including hearing aids and orthopedic shoes
* ambulance services
* transportation to receive necessary medical care
* intermediate care facilities
* intermediate care facilities for the Mentally Retarded
* psychiatric facilities for persons age 65 and over and for under age 21. (Persons in psychiatric facilities between ages 21 and 65 may be eligible for Medicaid payment of Medicare premiums, deductibles and co-insurances.)

MANDATED SERVICES

Medicaid is a federal-state entitlement program. Each state designs and administers its own Medicaid program within broad federal guidelines.

COST

There is no cost to a Medicaid card holder for medically necessary services if the services are provided by a participating service provider.

Services that are not required but that the state has elected to cover (such as dental services and prescription drugs) may require a co-payment. You may be required to share some of these costs for the service(s) you receive. This sharing of costs is called a co-payment.

Medicaid pays for only that portion of your medical expenses that your own insurance does not cover. If you do not have insurance, you may have to pay a small part (co-payment) of the provider's service charge. Except for the small co-payment, no additional charge is made to the family.

WHERE TO APPLY

Contact your local office of the Iowa Department of Human Services in the county in which you live. (See Appendix D.)

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

For Medicaid Provider Services:

Joe Mahrenholz, Supervisor
Non-Institutional Services & Utilization
Review Section
Bureau of Medical Services
Iowa Department of Human Services
Hoover Office Building
Des Moines, Iowa 50319

For Program Eligibility:

Mike Baldwin
Bureau of Medical Services
Iowa Department of Human Services
Hoover Office Building
Des Moines, Iowa 50319

Supplemental Security Income (SSI)

OVERVIEW OF PROGRAM

Supplemental Security Income is a federal program run by the Social Security Administration that makes cash payments to persons who meet income and disability eligibility requirements.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone with limited income and/or resources can qualify. You must meet strict income criteria and disability criteria either as an aged, blind or disabled person. SSI medical criteria are provided in Appendix E.

For a child living in the home to qualify, the parents must provide their income and resource information and meet eligibility guidelines. (Part of their income is then "deemed" to belong to their child/children, and that must fall at or below allowable levels). If the child has been hospitalized or institutionalized for longer than 30 days in a calendar month, that child would qualify as an independent not living in the home as long as he or she had no other resources available, i.e., life insurance policy, bank accounts, stocks and bonds, etc. Disability criteria must still be met.

Social Security believes a person must be disabled for at least twelve months. In other words, if the disability will be resolved in less than a year, you will likely be denied. When you apply, you should bring a letter from your child's physician stating clearly the child's problem and length of anticipated need for services. If you are still denied, you have a right to an appeal.

APPEALS

Appeals can be made in one of two ways:

* In a Case Review, you have the right to review the facts in your file. You may add facts to your file. Another decision will be made; however, you will not meet with the person who decides your case.

* In an Informal Conference, you can meet with the person who decides your case. You may explain why you think you are right, giving more facts to help support your position. You may bring others to this conference to support your case. These individuals may include friends, lawyers, physicians, etc.

MANDATED SERVICES

Supplemental Security Income provides a minimum guaranteed monthly income for persons who qualify. In Iowa, if you are SSI eligible, you are also eligible for Medicaid (see pages 16-19). You may also be eligible for additional benefits such as food stamps (see pages 82-83), transportation, cost reimbursement or other social services. Be sure to check with your local Department of Human Services for these additional programs.

COST

There is no cost to families. Cash payments are made to persons who meet eligibility requirements.

WHERE TO APPLY

Call the Social Security Office near your home (see Appendix F).

When applying, be sure to bring income tax information for the last year, current paycheck stubs, resource information including real estate (other than your home and its land), savings and checking accounts, cash, stocks, bonds, a car - if it is worth more than $4,500.00 or if used for anything other than transportation (e.g., farm truck, business car).

RESPONSIBLE AGENCY

Department of Health and Human Services
Social Security Administration

CONTACT SOURCE

Not Applicable

State Supplemental Assistance (SSA)

OVERVIEW OF PROGRAM

SSA was designed to provide funds to persons who receive SSI (Supplemental Security Income) or who would be eligible for SSI benefits if their income were not too high. They must be in need of one of the four services provided under the SSA program. (Of the five programs, only four apply to children.)

AGE REQUIREMENTS AND ELIGIBILITY

Anyone with limited income and/or resources can qualify. You must meet strict disability criteria either as an aged, blind or disabled person. Examples of such are provided in Appendix E.

For a child living in the home to qualify, the parents must provide their income and resource information and meet eligibility guidelines. (Part of their income is then "deemed" to belong to their child/children and that must fall at or below allowable levels). If the child has been hospitalized or institutionalized for longer than 30 days in a calendar month, that child would qualify as an independent not living in the home as long as he or she had no other resources available, i.e., life insurance policy, bank accounts, stocks and bonds, etc. Disability criteria must still be met.

Social Security believes a person must be disabled for at least twelve months. In other words, if the disability will be resolved in less than a year, you will likely be denied. When you apply, you should bring a letter from your child's physician stating clearly the child's problem and length of anticipated need for services. If you are still denied, you have a right to an appeal.

SERVICE(S)

1. Special Blind Allowance - A special blind allowance of up to $22.00 a month may be added to a blind person's SSI benefit. Apply to the Social Security Office. (See Appendix F.)

2. Residential Care - Residential care applies to those individuals in a licensed residential care facility whose physician has verified the need for residential care excluding nursing care.

   Those eligible may keep a portion of their monthly income to meet personal needs. The balance then goes to the cost of care in the facility. The Department of Human Services issues a State Supplemental Assistance payment to cover the balance of the cost of care. The payment comes to you and you must pay the facility. Apply to the local Department of Human Services (see Appendix D).

3. Dependent Relative (as it applies to children) - If you are aged, blind or disabled and have a dependent relative (parent) living with you, you may be eligible for a dependent person's allowance. This additional payment is received as a part of your SSI payment. Eligibility is determined by the local Department of Human Services and payment is made through the Social Security Administration as a part of your SSI payment. Apply to the local Department of Human Services (see Appendix D).

4. In-Home Health Related Care - This programs offers assistance to enable you or your child to remain in your own home as long as possible rather than live in an institution. Application is made to your local DHS office and payment comes directly to you and you pay the provider. Often times this is coordinated through your local Department of Health. There is a limit on the amount of money available. Apply to the local Department of Human Services (see Appendix D).

MANDATED SERVICES

Not Applicable

COST

Not Applicable

WHERE TO APPLY

Contact the Social Security Office near your home (see Appendix F) or county office of the Iowa Department of Human Services (see Appendix C).

When applying, be sure to bring income tax information for the last year, current paycheck stubs, resource information including real estate (other than your home and its land), savings and checking accounts, cash, stocks, bonds, a car - if it is worth more than $4,500.00 or if used for anything other than transportation (e.g., farm truck, business car).

RESPONSIBLE AGENCY

Department of Health and Human Services
Social Security Administration

Medically Needy

OVERVIEW OF PROGRAM

The "Medically Needy" program is designed to provide medical coverage for the poor and for those whose high medical expenses make them poor.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone under the age of 21 (including unborn children), pregnant women, and adults who care for dependent children under age 21 (a parent, step-parent, aunt, uncle, or grandparent) may be eligible if:

1. You would be eligible for ADC or child medical assistance except that the family's countable income or resources exceed limits, or

2. You would be eligible for Supplemental Security Income (SSI) except that the family's countable income or resources exceed limits.

Anyone aged, blind or disabled may be eligible if:

1. You are age 65 or older, or

2. You are legally blind with central visual acuity of 20/200 or less in the better eye with use of corrective lens, or

3. You are disabled with a physical or mental impairment which has lasted or is expected to last a continuous period of at least twelve months, and

4. You would be eligible for Supplemental Security Income (SSI) except that your income or resources exceed limits.

More information may be obtained from your county Department of Human Services (see Appendix D). Resources and income must be within certain limits (see Appendix G for guidelines).

SERVICE(S)

Medicaid (Title XIX) coverage for basic health care services is provided (see pages 16-19). The program does not cover:

* care in an intermediate care facility, including those for the mentally disabled.
* care in an institution for mental illness, or
* care in a skilled nursing facility.

MANDATED SERVICES

Not Applicable

COST

For those households whose total net countable income exceeds the Medically Needy Income Level (MNIL), a "spenddown" amount is determined. The family's unpaid medical expenses may be used to meet the spenddown. Within the months for which you are certified, covered medical services other than those medical expenses used to meet spenddown, will be paid by Medicaid for the portion that your own insurance does not cover.

A small part (co-payment) of the provider's service charge may be charged to you. Except for the spenddown obligation, if applicable, and co-payments, there is no additional charge to the family.

WHERE TO APPLY

Contact your local office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Donald W. Herman, Chief
Bureau of Medical Services
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319-0114

Title XIX Home and Community Based Services (HCBS) Program (also called) Model Waiver Program

OVERVIEW OF PROGRAM

The Model Waiver Program is a Title XIX (19) program designed to maintain an eligible child or adult in his or her home or community. Medicaid is a health care financing program funded jointly by federal, state and county governments under Title XIX of the Social Security Act. In order to extend Medicaid eligibility and to expand the range of services, the Federal government must waive certain Title XIX regulations.

AGE REQUIREMENTS AND ELIGIBILITY

Any child, adult or elderly person may be eligible. Health and social service professionals must document the following facts:

* the person is blind or disabled (determined by Social Security Office or Department of Human Services),
* qualifies for care normally provided in a medical institution (i.e., ICF/MR, SNF, ICF, see Appendix H),
* has individual resources of no more than $2,000 and an income no greater than $1,104 monthly,
* is otherwise ineligible for Medicaid because of individual income or resources (see pages 20-21), and
* is not eligible for SSI because of parents' or spouse's income or resources.

Also the waiver services must be:

* necessary,
* available, and
* cost-effective when compared to institutional care.

SERVICE(S)

Medicaid (Title XIX) coverage (see pages 16-19) is provided for basic health care services plus the additional waiver services to keep the person out of a medical institution.

Waiver services which may be provided are:

* Respite Care: Temporary care to relieve those who provide much of the person's care at home (e.g., parents, spouse).
* Personal Care: Assistance with activities of daily life (e.g., bathing, dressing, taking medications).
* Homemaker: Assistance with household duties (e.g., shopping, cleaning, cooking, bookkeeping, transportation).
* Residential Services: Habilitation, rehabilitation, and other services to improve skills for self-care and independent living.
* Adult Day Care: Activities provided through a program offered at an adult day care center.

Services are generally provided in the home and as described under the Medicaid program. Respite care may be provided in an institution or family foster home. (See pages 49-50, Iowa Home Care Monitoring Program.)

MANDATED SERVICES

Not Applicable

COST

There is no cost the family. Clients may need to contribute to the cost of waiver services from their income.

Medicaid pays only for that portion of medical expenses that your own insurance does not cover.

WHERE TO APPLY

Contact your local Department of Human Services Office (see Appendix D).

How To Apply

1. Contact your local Department of Human Services (DHS) in your county for a Medical Assistance Application form (Appendix D). (There are a limited number of openings for the waiver program. If you feel your child might qualify you need to apply as soon as possible. If there are no current openings you will be placed on a waiting list on the date the form is returned to the local DHS office.)

2. Apply to Social Security Office (Appendix F) for Supplemental Security Income (SSI) if you have not already done so. The blind or disabled person must be denied SSI benefits, due to parental or spouse income and resources, to be eligible for the model waiver program. The denial of SSI benefits must be in writing and sent to the Department of Human Services. The DHS office will also determine if the child is eligible for Medicaid under any other programs.

3. The person must be certified for an institutional level of care by the Iowa Foundation for Medical Care (IFMC). The person's physician will be asked to prepare a recent medical summary, and the IFMC will also review information from various agencies working with the eligible person. The decision on the level of care is the most important factor affecting eligibility for services.

4. Waiver services must be determined necessary and available by the Department of Human Services.

5. Physician must approve the home care with the waiver services.

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Kathi Kellen
Bureau of Medical Services
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Foster Care

OVERVIEW OF PROGRAM

Foster care services provide 24 hour substitute care for children unable to remain in their own homes, while also offering services to families and children to implement plans for a permanent placement. Foster care placements include foster family care, group care and independent living. Services to the child shall include, but are not limited to, the provision of food, lodging, training, education, supervision and health care. Permanency goals for children in foster care include reunification with family, placement with a relative or guardian, adoption, independence or long-term care.

AGE REQUIREMENTS AND ELIGIBILITY

Any child, birth to 18 years of age, is eligible for foster care services. Persons who are 18 or over may continue in foster care only if they were in foster care or a state institution immediately prior to reaching age 18, have continued in foster care or a state institution since reaching 18 and are currently in one of the following programs: (1) high school, (2) high school equivalency (GED) or (3) special education, as defined and provided by the Department of Education through AEAs and local public school districts.

SERVICE(S)

Any child under foster care services receives Medicaid (see page 16-19). Foster care is a service to the entire family, not just the child. The ultimate goal of foster care is to return children to their parental homes whenever possible. All services provided to the child and family are focused toward family reunification. Services to the family shall include but are not limited to meeting the basic needs of the child, education, medical services, psychiatric services, supervision of visits and services to reunite the family.

MANDATED SERVICES

The Department of Human Services is responsible for foster care services when a court has transferred legal custody of a child to the Department of Human Services.

COST

Unless parental rights are terminated or the parents received ADC or SSI, every parent has a liability for his or her child in foster care. The amount of the liability is based on the parents' income and in some cases expenses if they are documented to be a hardship.

Medicaid pays only for that portion of medical expenses that your own insurance does not cover. If you do not have insurance, you may have to pay a small part (co-payment) of the provider's service charge. Except for the small co-payment, there is no additional charge to the family.

WHERE TO APPLY

Contact your local Foster Care Supervisor at the Department of Human Services in the County in which you live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Charlcie Parrish
Foster Care Unit Manager
Bureau of Adult Children and Family Services
Iowa Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Subsidized Adoption

OVERVIEW OF PROGRAM

The Subsidized Adoption Program was initiated as a means of recruiting permanent adoptive families for children with special needs who otherwise might not be adopted due to their age, race, handicap or need to be placed as a sibling group.

AGE REQUIREMENTS AND ELIGIBILITY

Adoptive parents of infants and children to 18 years of age may receive the subsidy. The child must meet at least one of the conditions in the definition of special needs:

> A special needs child is medically, mentally or emotionally disabled, a member of a minority race who is age two or over, a Caucasian child who is age eight or over, or a member of a sibling group of three or more who are placed together (or a sibling group of two, if one meets other special needs criteria).

SERVICE(S)

Subsidy provides financial assistance to meet the child's basic need for food and shelter, as well as medical care (Medicaid, see pages 16-19) and special services due to a child's special needs.

MANDATED SERVICES

Not Applicable

COST

Families may receive monthly payments to be used in meeting the child's basic needs. The amount of payment depends on the age of the child. The child may also receive special services, based on the needs of the child.

Medicaid pays for only that portion of medical expenses that your own insurance does not cover. If you do not have insurance, you may have to pay a small part (co-payment) of the provider's service charge. Except for the small co-payment, there is no additional charge to the family.

WHERE TO APPLY

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Marg Corkery
Adoption Unit Manager
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319-0114

Long Term Care Program

OVERVIEW OF PROGRAM

Medical institutional care is provided for those children whose parents are unable to keep them at home.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone needing a Skilled Nursing Facility (SNF) or an Intermediate Care Facility for the Mentally Retarded (ICF/MR) and meeting income and resource criteria may qualify. (See Appendix H for definitions on SNF, ICF/MR.)

SERVICE(S)

Eligible persons are placed in a state institution, community based ICF/MR or at the Children's Habilitation Center for as long as needed.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families. Clients with income over a certain level contribute to the cost of care.

WHERE TO APPLY

Contact the local office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

RESPONSIBLE AGENCY

Department of Human Services

CONTACT SOURCE

For client information, contact the local office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

For agency information contact:

Kathy Kellen
Bureau of Medical Services
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Medicare

OVERVIEW OF PROGRAM

Medicare (Title XVIII) is a federal health insurance program for the aged and certain disabled persons.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone, regardless of age, with chronic renal disease is eligible for Medicare coverage. One who has experienced kidney failure and is in need of kidney dialysis or kidney transplant is entitled to special coverage under Medicare.

SERVICE(S)

Not Applicable

MANDATED SERVICES

Not Applicable

COST

Not Applicable

WHERE TO APPLY

Local Social Security Office (see Appendix F).

RESPONSIBLE AGENCY

Federal Social Security Administration
Administering Agency: Blue Cross/Blue Shield of Iowa

CONTACT SOURCE

Local Social Security Office.

Maternal and Child Health Program (MCH)

OVERVIEW OF PROGRAM

The Maternal and Child Health Program is part of the Social Security Act and is designed to provide maternal health services and child health services to pregnant women and their children.

AGE REQUIREMENTS AND ELIGIBILITY

Pregnant women and their children, birth through 21, can receive the services of the MCH program.

SERVICE(S)

Maternal Health Services provide prenatal care beginning in the first three months of pregnancy with ongoing care and regular appointments through postpartum. An evaluation of dental and nutritional needs (see Women/Infant Care: Supplemental Food Program) is provided. Referral is made to other health care providers, community service agencies and other local resources when needed. After delivery, family planning and child health services are available. These services are provided by local agencies in a clinic or physician's office.

Child Health Services provides a health appraisal through history and physical evaluation by a Pediatric Nurse Practitioner. Services are provided which include:

1. a developmental screening to measure your child's mental and physical growth,
2. vision screening,
3. hearing and speech screening by an audiologist or a nurse,
4. nutrition assessment and information,
5. dental assessment,
6. selected laboratory tests depending on your child's needs,
7. immunizations,
8. parent education and information, and
9. referral to other care providers and follow-up as needed.

The child health services screening is similar to EPSDT (Early and Periodic Screening, Diagnosis and Testing, see pages 75-76) for clients eligible for Medicaid (see pages 16-19).

Child health care is provided in county-based clinics under standing orders of a local physician. Children, birth through 21, may receive these services with continued eligibility.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families that are eligible (under 185% of the Federal Poverty Guidelines). A sliding fee scale is used for those above eligibility guidelines (see Appendix I).

WHERE TO APPLY

Contact the Maternal Child Health Service nearest your home listed in Appendix J.

RESPONSIBLE AGENCY

Iowa Department of Public Health

CONTACT SOURCE

Joyce Borgmeyer, Chief
Maternal and Child Health Bureau
Lucas State Office Building
Des Moines, Iowa 50319
(515) 281-4911

Women, Infant and Children (WIC) Supplemental Food Program

OVERVIEW OF PROGRAM

The WIC Supplemental Food Program is a nutrition intervention program for pregnant, postpartum, and breast-feeding women and for infants and children up to age five.

AGE REQUIREMENTS AND ELIGIBILITY

WIC is available to pregnant and breast feeding women and to children whose health is threatened by both low income and nutritional need. Eligibility for the program is determined by a qualified nutritionist and is based on the following three criteria:

1. Status

   pregnant woman
   postpartum woman up to 6 months
   breast-feeding woman up to 12 months
   infant or child up to 5 years

2. Nutrition Risk

   A nutrition evaluation, including anthropometry (height, weight), hematocrit (blood test), and a health and diet assessment.

   The following common factors which produce nutritional risk allow for eligibility:

   - abnormal growth
   - low hematocrit
   - health conditions
   - abnormal dieting patterns

3. Income

   Family income is less than 185 percent of current poverty level.

For more information on specific factors see Appendix K.

SERVICE(S)

Supplemental Foods

Checks are issued monthly to WIC participants for the purchase of specified foods at local grocery stores. Individual food packages designed to meet the participant's needs are determined by the WIC nutritionist. Foods which may be received are:

* Iron-fortified infant formula
* Milk
* Vitamin C-fortified natural juices
* Natural cheese
* Eggs
* Iron-fortified cereals
* Dried beans or peanut butter

Nutrition Education

Program participants receive nutrition education designed to enhance understanding of the relationship between good nutrition and health. This education is provided by a program nutritionist through one-to-one counseling and group presentations.

Health Care

WIC encourages regular health care through referral to private physicians or other health care agencies.

The WIC certification time period is six months. After six months the participant is reevaluated to determine if he/she is still eligible.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families eligible for the program (family makes less than 185 percent of current poverty guidelines, see Appendix L for current poverty guidelines).

WHERE TO APPLY

Contact the WIC agency nearest your home listed in Appendix M.

RESPONSIBLE AGENCY

Iowa Department of Public Health

CONTACT SOURCE

Dennis Bach
Iowa WIC Program
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319
(515) 281-7501 or 1-800-532-1579

or

The local WIC office listed in Appendix M.

Child Health Specialty Clinics (CHSC)

OVERVIEW OF PROGRAM

Mobile and Regional Child Health Specialty Clinic (CHSC) Programs of the University of Iowa Hospital and Clinics organize and provide health services needed to reduce health risks, chronic illness, physical disability and the premature death of Iowa children with special health care needs.

AGE REQUIREMENTS AND ELIGIBILITY

Children and youth, birth through 21, with special health care needs can receive services from Child Health Specialty Clinics.

SERVICE(S)

Statewide community-based clinics are held in out-patient units of community hospitals, schools or church buildings on a prescheduled basis. Case management services are provided by staff assigned to 13 regional child health centers and in the central offices of CHSC in Iowa City.

The service is provided by physicians, pediatric nurse practitioners, registered nurses, speech pathologists, audiologists, psychologists, physical and occupational therapists and other related health care personnel.

Clinic examinations are conducted by appointment, with case management services provided for the period of need. The Regional Nutrition Consultation Service and the Parent Partnership Project are two programs also offered by CHSC. More information on those programs can be found on the following pages.

MANDATED SERVICES

Not Applicable

COST

An established fee schedule is revised annually. Third party payors may be billed for services. Families are obligated to pay unreimbursed charges according to the CHSC Sliding Fee Scale which is based on adjusted gross income. No one is denied service for inability to pay.

WHERE TO APPLY

Contact your regional office of Child Health Specialty Clinics listed in Appendix N or the central CHSC office in Iowa City listed below.

RESPONSIBLE AGENCY

Mobile and Regional Child Health Specialty Clinics
The University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242

CONTACT SOURCE

Patient Care Services
Iowa Child Health Specialty Clinics
University of Iowa Hospitals and Clinics
247 University Hospital School
Iowa City, Iowa 52242
(319) 356-1469

or

Your area office of Child Health Specialty Clinics listed in Appendix N.

Regional Nutrition Consultation Service
(For Children with Special Health Care Needs)

OVERVIEW OF PROGRAM

This program, sponsored by the Iowa Child Health Specialty Clinics (CHSC), see pages 43-44, provides community-based nutrition assessment and follow-up services to children whose chronic condition involves nutritional status. Attention is given to energy and nutrient needs as well as feeding considerations. The service is conducted in cooperation with the Public Health Nutrition Program of the Iowa Department of Public Health.

AGE REQUIREMENTS AND ELIGIBILITY

Any child, birth through 21, is eligible. The CHSC health services coordinator must approve referrals for nutrition services before those services can be provided.

SERVICE(S)

A nutritional assessment, care planning and follow-up are provided by local registered dietitians with special interest and experience in nutrition for children with special health care needs. A dietitian at the University Affiliated Program provides clinical consultation to the local dietitians. The services are usually provided in a CHSC clinic setting, but can occur in other office settings according to arrangements made by the family and dietitian. The initial assessment and length of follow-up is based primarily on the clinical judgement of the dietitian and secondarily on the amount of dietitian time available to CHSC patients.

MANDATED SERVICES

Under P. L. 99-457, nutrition services are an eligible service component of the Individual Family Service Plan (IFSP).

COST

There is no charge to families.

WHERE TO APPLY

Contact your Regional Child Health Specialty Clinic listed in Appendix N.

RESPONSIBLE AGENCY

Iowa Department of Health, and

Child Health Specialty Clinics
The University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242

CONTACT SOURCE

Judy Amundson, R.D.
University Hospital School, Room 314
University of Iowa
Iowa City, Iowa 52242
(319) 356-1322

Parent Partnership Project
(Special Projects of Regional and National Significance, Sprans Grant)

OVERVIEW OF PROGRAM

Child Health Specialty Clinics has identified family participation in determining and implementing care plans for a child with special health care needs as a necessary and effective method of achieving beneficial outcomes. To strengthen family-centered care for Iowa children with special health care needs, CHSC has expanded parent participation in its programs, developing a statewide parent consultant network and has also supported family weekend experiences in several Iowa communities.

AGE REQUIREMENTS AND ELIGIBILITY

Children and young adults, birth through 21, who have special health care needs and their families are eligible if they are Iowa residents.

SERVICE(S)

The project provides consultation to parents regarding information, referral, services available at University of Iowa Hospitals and Clinics and through Child Health Specialty Clinics, potential sources of financial reimbursement, assistance with the state model waiver program, guidance regarding eligibility requirements of various programs, forums, family weekend experiences and other support activities.

Services are provided, as needed, locally and regionally through the statewide network of parent consultants and CHSC professional and regional staff.

MANDATED SERVICES

Not Applicable

COST

There is no cost for services for the Parent Partnership Project.

WHERE TO APPLY

Contact your regional CHSC Center (see Appendix N) or Patient Care Services at:

Child Health Specialty Clinics
University of Iowa Hospital School
Iowa City, Iowa 52242
(319) 356-1469

RESPONSIBLE AGENCY

Child Health Specialty Clinics
The University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242

CONTACT SOURCE

Darrell Bolender
Parent Project Coordinator
(319) 356-8391

Thomas Hulme, ACSW
Project Co-Director

Dottie Doolittle, M.S.N., R.N., CP.N.P.
Director of Patient Care Services
(319) 356-0886

Iowa Home Care Monitoring Program

OVERVIEW OF PROGRAM

The Iowa Home Care Monitoring Program is a family centered service designed to help families put together the services that can assure quality home health care. Staff of the Home Care Monitoring Program help families locate services they need, coordinate delivery of services and assist the family in evaluating the child's needs to make sure that services are appropriate. The Home Care Monitoring Program is a Case Management/Care Coordination service, not an in home health care provider nor a medical payment program.

AGE REQUIREMENTS AND ELIGIBILITY

Any child and family receiving the Model Waiver Program is eligible for the Home Care Monitoring Program. Information and referral services are available for others. Children and youth through the age of 21 are served.

If your child has one of the following health problems you may be eligible for the Home Care Monitoring Program.

Bronchopulmonary dysplasia
Tracheostomy
Respiratory problems requiring ventilator assistance
Complex cardiac conditions
Advanced muscular dystrophy
Special feeding difficulties
Spinal cord injury
Severe neurologic or neuromuscular disorders
Other health related problems (as appropriate)

SERVICE(S)

Care coordination services are provided by specially trained pediatric nurses and staff in regional Child Health Specialty Clinics located throughout the state (see pages 43-44) who serve as a link between the hospital and the needed community service. Staff assist in the

development of a written care plan for the child. They serve as an advocate for the child and family, are available for consultation and questions and will attend follow-up care conferences when needed.

MANDATED SERVICES

Not Applicable

COST

There is no cost for children receiving the service under the Model Waiver program. There is no charge to others for information and referral services.

WHERE TO APPLY

Brenda Moore, Coordinator
Iowa Home Care Monitoring Program, Room 246
University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242
(319) 353-6172

Local Child Health Specialty Clinic (see Appendix N).

RESPONSIBLE AGENCY

Iowa Child Health Specialty Clinics

CONTACT SOURCE

Brenda Moore, Coordinator
Iowa Home Care Monitoring Program, Room 246
University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242
(319) 353-6172

Public Health Nursing

OVERVIEW OF PROGRAM

Public Health Nursing Agencies that are Medicare (Medicaid) certified are located in all ninety-nine Iowa counties.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone may receive services for health related needs as long as needed.

SERVICE(S)

Skilled nursing services are provided by professional staff or associated para-professionals in the home or school settings.

In some instances a Physical Therapist, Occupational Therapist, Speech Therapist or Medical Social Worker may be provided if needed.

MANDATED SERVICES

Not Applicable

COST

A sliding fee scale for private pay or third party reimbursement is used for those who are eligible.

WHERE TO APPLY

Contact your County Public Health Nursing Agency listed in Appendix O.

RESPONSIBLE AGENCY

Iowa Department of Public Health

CONTACT SOURCE

County Health Nursing Agency (see Appendix O).

Homemaker-Home Health Aide

OVERVIEW OF PROGRAM

The Homemaker-Home Health Aide program is designed to prevent or reduce inappropriate institutionalization of children and adults. A state appropriation is available to County Boards of Supervisors to provide the Homemaker-Home Health Aide services with a local purchase-of-service agreement.

AGE REQUIREMENTS AND ELIGIBILITY

Every Iowan is eligible for Homemaker-Home Health Aide services when a need arises for such services. Specific criteria for eligibility in each county may be obtained from the County Board of Supervisors receiving funds from the Iowa Department of Public Health.

SERVICE(S)

Services for a child/family may include:

Essential Shopping means shopping for basic need items such as food, clothing, personal items or drugs.

Housekeeping means maintenance, cleaning such as vacuuming, dusting, scrubbing floors, defrosting refrigerators, cleaning stoves, and washing and mending clothes.

Child Care means provision of supervision and physical care of children.

Respite Care means provision of rest and relief to a caretaker of a client when necessary for the caretaker to perform other responsibilities or to continue providing the care.

Family Management means services directed at educating and training families in skills that are needed to meet their legal obligations and keep the families intact. Components of these service include:

a. Parenting skills, which may include methods of discipline, personal hygiene, laundry and upkeep of clothing, nutrition, supervision and care of children, budgeting and establishing household routines.

b. Monitoring of child protective services to verify the family is meeting requirements of the care plan developed jointly by the protective service worker and the family.

Personal Care Services means care in the home of the adult or child during the time of acute or chronic illness, when the individual requires simple home nursing, such as personal hygiene, dental needs, dressing, assistance with exercise or assistance in carrying out the recommendations of a physician, nurse, social worker or physical therapist.

Transportation means safely taking or accompanying clients with specialized needs to medical or psychiatric services. This includes supervising the client, safely assisting in moving the client from one place to another and learning how to provide specific treatment to the client.

MANDATED SERVICES

If a child receives court-order child protective service, the fee is waived and the child is automatically eligible to receive Homemaker/Home Health Aide services.

COST

A sliding fee scale based on family income/resources is used to determine the cost to the family.

WHERE TO APPLY

Local Homemaker-Home Health Aide Program.
County Public Health Nursing (see Appendix O)

RESPONSIBLE AGENCY

Iowa Department of Public Health

CONTACT SOURCE

Pat Howell, Bureau Chief
Homemaker-Home Health Aide Bureau
Division of Family and Community Health
Iowa Department of Public Health
Lucas State Office Buildling
Des Moines, Iowa 50319
(515) 281-3104

EDUCATION

Early Childhood Special Education (ECSE) Instructional Services: Home Instruction

OVERVIEW OF PROGRAM

In this service delivery model, preschool children with disabilities receive individual educational programming at home. Emphasis is placed on educating both the child and parent. The underlying philosophy is that the parent is the child's best teacher. The early childhood special education teacher provides educational activities and other child-related services through home visits. Home visits can include structured learning activities for the child with parents' participation, informal activities including the entire family and parent education activities. Support services are provided, when appropriate, including physical therapy, occupational therapy, speech and language therapy, social work and/or other special education support services (see ECSE Support Services).

AGE REQUIREMENTS AND ELIGIBILITY

Early childhood special education services are available to preschool children with disabilities. To determine whether a child meets the specific eligibility requirements, screening and/or a comprehensive evaluation is provided at no cost to the family. Evaluation results are used to give a complete picture of the child's development, to determine whether a child qualifies for special education and to provide information for planning appropriate services. An Individualized Education Plan (IEP) is developed for each child which may include an Individualized Family Service Plan (IFSP).

Most children receiving home instruction are from birth to 3 years of age. Children older than 3 with impaired health or a complex medical condition may appropriately be served in a home-based program. Children whose parents prefer home-based services as a least restrictive model may also be served in this manner.

SERVICE(S)

Home instruction is provided by a certified early childhood special education teacher.

Instructional services are delivered in the home settings. Some evaluation activities and parent involvement activities are offered in Area Education Agency (AEA) facilities.

The schedule for home visits is determined by the parents and other staffing team members. The most typical schedule is a weekly, one-hour home visit. The individualized family service plan is reviewed annually.

MANDATED SERVICES

State legislation mandates a free appropriate public education for all children with handicaps from birth to age 21. Federal legislation mandates a free appropriate public education for all children with handicaps from 3 to 21 years of age.

COST

Special Education services are free to families.

WHERE TO APPLY

Initial requests for information or services are directed to the AEA (see Appendix P for area office) early childhood special education program. Services typically begin with an intake interview which is conducted in the home setting. Parents must sign a referral form to give permission for evaluation services. A staffing is held prior to delivery of instructional or support services.

RESPONSIBLE AGENCY

Area Education Agencies and/or Local Education Agencies (community school district).

CONTACT SOURCE

Contact the ECSE department at the Area Education Agency or the principal of the nearest elementary school.

Early Childhood Special Education (ECSE)
Instructional Services: Center-Based Programs

OVERVIEW OF PROGRAM

Preschool children with disabilities may participate in ECSE classrooms. Center-based services include opportunities for large group, small group and individual instruction; socialization activities; and support services. Each child has an Individualized Education Program (IEP) that is based on evaluation data and specifies goals and objectives to meet the child's educational needs. The ECSE center-based curriculum focuses on critical skills, provides functional activities that match the child's developmental level, and adapts materials and instruction to meet the special needs of each child. Support services are provided, when appropriate, including physical therapy, occupational therapy, speech and language therapy, social work and/or other special education support services (see ECSE Support Services, pages 61-63).

AGE REQUIREMENTS AND ELIGIBILITY

ECSE center-based services are available to preschool children with disabilities. To determine whether a child meets specific eligibility requirements, a comprehensive evaluation is provided at no cost to the family. Developmental screening and evaluation results are used to give a complete picture of the child's development, to determine whether a child qualifies for special education and to provide information for planning appropriate services.

Most children receiving center-based services are from three to five years of age.

SERVICE(S)

Center-based instruction is provided by a certified early childhood special education teacher. Each classroom is staffed by a teacher and an instructional aide.

Center-based instructional services are delivered in the classroom setting. Most classrooms are housed in elementary school buildings.

Some evaluation activities and parent involvement activities are offered in Area Education Agency (AEA) facilities.

MANDATED SERVICES

State legislation mandates a free appropriate public education for all children with handicaps from birth to age 21. Federal legislation mandates a free appropriate public education for all children with handicaps from 3 to 21 years of age.

COST

Special education services are free to families.

WHERE TO APPLY

Initial requests for information or services may be directed to the AEA (see Appendix P for area office) early childhood special education program. Services typically begin with an intake interview which is conducted in the home setting. Parents must sign a referral form to give permission for evaluation services. A staffing is held prior to delivery of instructional or support services.

RESPONSIBLE AGENCY

Area Education Agencies and/or Local Education Agencies (community school district).

CONTACT SOURCE

Contact the ECSE department at the Area Education Agency or the principal of the nearest elementary school.

Early Childhood Special Education (ECSE) Support Services

OVERVIEW OF PROGRAM

Most preschool children with special needs receive a combination of instructional special education services (see ECSE Home Instruction and ECSE Center-Based Instruction) and support services. Support services include occupational therapy, physical therapy, speech and language therapy, school social work services, school psychological services, special education nursing service and audiological services. Support services may be a combination of consultation, direct hands-on therapy activities, parent involvement activities and specific intervention activities directed by a teacher or support service professional. Each child receiving a special education support service must have an individualized education program (IEP).

Occupational Therapy - evaluation, consultation and direct intervention strategies in the area of motor functioning, including fine motor, sensorimotor, positioning and self-help skills for children with physical impairments.

Physical Therapy - evaluation, consultation and direct intervention strategies in the areas of developmental and adaptive sensorimotor and gross motor (positioning and mobility) skills for children with physical impairments.

Speech and Language Services - evaluation, consultation and direct intervention strategies in the area of communication skills including speech and language development and disorders of language, voice, articulation and fluency.

School Social Work Services - evaluation, consultation and direct intervention services in the areas of social, emotional, behavioral and adaptive needs. School social workers may provide individual, group, parent and family counseling to assess and treat the child, family and environmental problems that affect child development and learning.

School Psychological Services - screening and evaluation to identify needs regarding behavioral, social, emotional and educational functioning of children. School psychologists assist parents and teachers to assess strengths and needs, to plan educational programs and to develop methods for dealing with behaviors which interfere with learning.

Special Education Nursing Services - evaluation and interpretation of health needs, monitoring medical procedures as directed, and implementation of specific nursing activities that are related to the child's educational program.

Audiological Services - screening, evaluation, consultation and assistance in the educational management of children with hearing loss.

Vision Services - screening, evaluation, consultation and assistance in the educational management of children with visual impairments.

AGE REQUIREMENTS AND ELIGIBILITY

Support services are available to preschool children with disabilities. To determine whether a child meets specific eligibility requirements, a comprehensive evaluation is provided at no cost to the family. Evaluation results are used to give a complete picture of the child's development, to determine whether a child qualifies for special education and to provide information for planning appropriate services. Support services must have a relationship to the child's ability to participate in the educational program.

Children from birth to age 21 are eligible to receive special education support services.

SERVICE(S)

Support services are provided by personnel that hold the appropriate certification, endorsement, approval or statement of professional recognition to provide the appropriate evaluation, remediation, therapy and/or consultation to preschool children with special needs.

Support services are delivered in the home and school settings. Some evaluation activities and therapy services are offered in Area Education Agency (AEA) facilities. Some agencies have contractual arrangements with local hospitals or health agencies to provide support services in a medical facility or offices of a private provider.

The schedule for delivering the support service is determined by the parents and other team members in a multidisciplinary staffing. The individualized education program (IEP) is reviewed annually.

MANDATED SERVICES

State legislation mandates a free appropriate public education for all children with handicaps from birth to age 21. Federal legislation mandates a free appropriate public education for all children with handicaps from 3 to 21 years of age.

COST

Special education services required to meet the educational needs of the child are free to families.

WHERE TO APPLY

Initial requests for information or services are directed to the AEA (see Appendix P for area office) early childhood special education program. Services typically begin with an intake interview which is conducted in the home setting. Parents must sign a referral form to give permission for evaluation services. A staffing is held prior to delivery of support services.

RESPONSIBLE AGENCY

Area Education Agencies and/or Local Education Agencies (community school district).

CONTACT SOURCE

Contact the ECSE department at the Area Education Agency or the principal of the nearest elementary school.

Enhancing the Parent-Educator Connection Project

OVERVIEW OF PROGRAM

Enhancing the Parent-Educator Connection Project is sponsored by the Iowa Department of Education, Bureau of Special Education. It began in 1984 to provide parents and educators with opportunities to work together in positive ways to improve educational programs for children with special needs. When genuine partnership exists between parents and educators, quality planning and programming for children with disabilities will occur.

AGE REQUIREMENTS AND ELIGIBILITY

Families with children who have a disability, ages birth to twenty-one, may receive services.

SERVICE(S)

Each Area Education Agency (AEA) have parent(s) and educator(s) on staff who directs the project within the AEA. The State Department of Education Parent-Educator Coordinators provide assistance to each AEA.

The State Coordinators and AEA Coordinators may:

* assist parents and educators in finding answers to questions and locating resources.
* conduct inservice sessions for parents and educators.
* facilitate meetings such as support groups.
* publish newsletters, loan books, pamphlets and videotapes on special education issues.
* provide other local services.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families.

WHERE TO APPLY

Contact the Parent or Educator Coordinator from your local Area Education Agency (see Appendix P or Appendix Q).

RESPONSIBLE AGENCY

Iowa Department of Education

CONTACT SOURCE

Yvonne Riesen
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319
(515) 271-3936 or
(515) 281-3176

Dena Goplerud
Mountain Plains Regional
Resource Center
Drake University
Des Moines, Iowa 50311

Iowa Braille and Sign Saving School
Early Childhood/Preschool Program

OVERVIEW OF PROGRAM

Iowa Braille and Sight Saving School provides a residential and outreach program to children who are visually impaired.

AGE REQUIREMENTS AND ELIGIBILITY

Any child, birth through age 21, who is visually impaired can receive services.

SERVICE(S)

The outreach program serves children from birth through age 2 and provides consultation, inservices, evaluations and program recommendations by outreach consultants. The service may be provided at your local education agency, Area Education Agency or in the home. The residential or on-campus program serves children from ages 3 through 21, and provides a program based on the child's current Individualized Education Plan carried out by a teacher. The service is provided at the Iowa Braille and Sight Saving School in Vinton, Iowa.

MANDATED SERVICES

The State of Iowa requires these services to be provided.

COST

There is no cost to families.

WHERE TO APPLY

Iowa Braille and Sight Saving School
1002 G Avenue
Vinton, Iowa 52349
(319) 472-5221

Area Education Agencies (Appendix P) and/or Local Education Agencies (community school district).

RESPONSIBLE AGENCY

State of Iowa Board of Regents

CONTACT SOURCE

Department of Outreach Services, IBSSS
Preschool Consultant: Margaret Bateman
School Consultant: Carole Trantham
Iowa Braille and Sight Saving School
1002 G Avenue
Vinton, Iowa 52349
(319) 472-5221

Iowa School for the Deaf (ISD)
Early Childhood/Preschool Program

OVERVIEW OF PROGRAM

Iowa School for the Deaf provides a residential program and services to children who are deaf or hearing impaired.

AGE REQUIREMENTS AND ELIGIBILITY

All residents of the State of Iowa, birth through age 21, and diagnosed as having or suspected to have a hearing impairment can receive services.

SERVICE(S)

ISD provides the following services to children who meet the eligibility requirements and are in need of specific services.

1. Diagnosis and evaluation
2. Language development
3. Speech development
4. Auditory training and utilization
5. Sign language development for children who have hearing impairments.
6. Parental assistance in a variety of ways including printed materials, videotapes and direct services.

The services are provided by ISD staff and continue as long as requested or appropriate as determined by either the Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

MANDATED SERVICE

The State of Iowa requires these services to be provided.

COST

There is no cost to families.

WHERE TO APPLY

Iowa School for the Deaf
1600 South, Highway 275
Council Bluffs, Iowa 51503

ATTENTION: Dr. William P. Johnson Superintendent
(712) 366-0571

Area Education Agencies (Appendix P) and/or Local Education Agencies (community school district).

RESPONSIBLE AGENCY

State of Iowa Board of Regents

CONTACT SOURCE

Iowa School for the Deaf
John Balk, Assistant Superintendent
1600 South, Highway 275
Council Bluffs, Iowa 51503
(712) 366-0571

Iowa Head Start Programs

OVERVIEW OF PROGRAM

Head Start is a federally funded comprehensive child development program with an interdisciplinary approach. Head Start may be offered as either center-based or home-based, as determined by local Head Start programs.

AGE REQUIREMENTS AND ELIGIBILITY

Three and four-year-old children who meet federal income guidelines are eligible. Aid to Dependent Children (ADC) recipients are automatically eligible. A Head Start program must have a minimum enrollment of 10 percent of children who meet the Federal Diagnostic Criteria for handicapped children.

SERVICE(S)

Head Start provides the following services for enrolled children:

Education
Health (physical and dental examinations)
Mental health
Nutrition
Social services (family needs)
Parent involvement

Generally the services are provided at Head Start Centers.

MANDATED SERVICES

Federal requirements mandate a minimum of 10 percent of the enrollment to meet federal diagnostic criteria for handicapped children.

COST

There is no cost to families.

WHERE TO APPLY

Contact the area Head Start Agency serving the county in which you live (see Appendix R).

RESPONSIBLE AGENCY

Not Applicable

CONTACT SOURCE

Contact the area Head Start Agency serving the county in which you live (see Appendix R).

COMMUNITY AND STATE SERVICES

Family Support Subsidy Program

OVERVIEW OF PROGRAM

The Family Support Subsidy Program is a program which became effective on July 1, 1988. It was designed to assist families in staying together by defraying some of the costs of caring for a child with special needs living at home. A limited number of families can be served by this program.

AGE REQUIREMENTS AND ELIGIBILITY

A child shall qualify if all the following requirements are met:

A) Any family member less than 18 years of age
   1) who by educational determination has a moderate, severe, or profound educational handicap, or special health care needs, or
   2) who otherwise meets the definition of developmental disability in the Federal Developmental Disabilities Act and as certified by a medical doctor.

      A developmental disability is a severe, chronic disability of a person which:
      a) is attributable to a mental or physical impairment or combination of mental and physical impairments;
      b) is manifested before the person attains age twenty-two;
      c) is likely to continue indefinitely;
      d) results in substantial functional limitations in three or more of the following areas of major life activity:
         - Self care
         - Receptive and expressive language
         - Learning
         - Mobility
         - Self-direction
         - Capacity for independent living, and
         - Economic self-sufficiency; and
      e) reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

B. Child currently resides in the applicant's home, or there is a plan for the child to return home.

C. Family resides in the state of Iowa.

D. Family's net taxable income is $40,000 or less.

SERVICE(S)

This program provides monthly cash payments that the family can use to pay for expenses related to caring for a child with disabilities at home. Some support services for which families may use the payment are respite care, day care, attendant care, homemaker services, home intervention, home health care, recreation and alternative activities, purchase of medical or orthopedic equipment, home remodeling, individual or family counseling, family training or education, transportation, physical, occupational or speech therapy and insurance.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families who qualify.

WHERE TO APPLY

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D). Ask for the Supervisor of the Family and Children's Service Unit.

RESPONSIBLE AGENCY

Department of Human Services

CONTACT SOURCE

Division of Mental Health, Mental Retardation and
Developmental Disabilities
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319-0114

or call (515) 281-5874 and ask for the Supervisor for Family Support Subsidy Program.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

OVERVIEW OF PROGRAM

EPSDT is designated by the Social Security Act. It is designed to provide funding, screening, diagnosis and treatment to determine physical and mental disabilities. This program was created to provide early intervention medical care to children of low income families.

AGE REQUIREMENTS AND ELIGIBILITY

EPSDT services are available to persons under the age of 21 eligible for Medicaid (see pages 16-19). Parents must be informed about EPSDT services generally within 60 days following the date of a family or child becoming eligible for Medicaid services. If the family or child becomes ineligible for Medicaid and later becomes eligible, EPSDT services are available.

SERVICE(S)

SCREENING

The screening includes a medical history, complete physical examination, vision and hearing screening, dental inspection (individuals over age 3 must be referred for dental care), developmental assessment and necessary lab tests and immunizations.

The screenings will be provided in a health care provider's office or at screening centers by an appropriate health care professional who is an approved Medicaid provider.

Appendix T shows what is assessed in the screening at each age, and Appendix S identifies the number of screenings provided at recommended ages.

DIAGNOSIS

If the screening indicates a need for further evaluation, a referral for diagnosis is made, and the child receives a complete diagnostic evaluation. Diagnosis may be a part of the screening and examination process.

TREATMENT

If treatment is needed, it will be provided by a health care professional which may be a physician, screening center or facility qualified to evaluate, diagnose and treat a child's health problem(s).

MANDATED SERVICES

Services are mandated to be offered to Medicaid clients but acceptance by the client is optional.

COST

There is no cost for EPSDT services.

WHERE TO APPLY

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Joe Mahrenholz, Supervisor
Non-Institutional Services and Utilization Review Section
Bureau of Medical Services
Iowa Department of Human Services
Hoover Office Building
Des Moines, Iowa 50319

State Child Care Assistance

OVERVIEW OF PROGRAM

The State Child Care Assistance Program is designed to provide aid to low income families in meeting the high costs of child care. Families with a disabled member may also qualify for assistance.

Payment for child care services can be made only to a licensed day-care center, a registered day-care home or a registered group day-care home. Parents are responsible for locating the day-care provider.

AGE REQUIREMENTS AND ELIGIBILITY

Child Care Assistance is available for children from birth through age 17. You are automatically eligible if any family member is receiving Supplemental Security Income (SSI) (see pages 20-21).

If you do not qualify for SSI, income guidelines (Appendix U) must be met, and the child or parent(s) of the child must meet one or more of the following requirements to become eligible.

1. One parent is employed 20 or more hours per week, or is employed an average of 20 or more hours per week during the month. Child care services may be provided for the hours of employment of a single parent or the coinciding hours of employment of both parents in a two-parent home and for actual travel time between home, child care facility and the place of employment. In a two-parent home, one parent must work an average of at least 20 hours per week but the other parent may work fewer hours.

2. The person who normally cares for the child is absent from the home due to hospitalization, physical or mental illness or death.

3. The child is mentally retarded or handicapped and the parent or parents are unable to provide adequate and necessary care.

4. The parent or parents are looking for employment. Child care for job search shall be limited to only those hours, including travel time that the parent is actually looking for employment.

5. The parent or parents are in vocational training.

   * Recipients of ADC, Refugee Case Assistance or Refugee Medical Assistance are not eligible.
   * Vocational training must be approved by the Department and must meet the requirements of the "Individual Education and Training Plan Program."
   * Recipients of ADC are eligible only if they are also working part-time.

SERVICE(S)

The Department of Human Services provides payment of child day-care services to eligible families.

MANDATED SERVICES

Not Applicable

COST

A fee based on a sliding fee schedule may be assessed if your income is over a certain guideline.

WHERE TO APPLY

Contact the office of the Department of Human Services in the county in which live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Harold Poore
Unit Manager for Child Care Services
Adult, Child and Family Services
Iowa Department of Human Services
Hoover Office Building
Des Moines, Iowa 50319

Child Protective Services

OVERVIEW OF PROGRAM

Child Protective Services is designed to protect any child who is reasonably believed to have been physically abused, sexually abused or denied critical care by a person responsible for his or her care.

AGE REQUIREMENTS AND ELIGIBILITY

Any child, birth through 17 years of age, is covered under this Child Abuse Law.

SERVICE(S)

The Department of Human Services provides intervention in the home or facility where the child abuse is alleged to have occurred.

MANDATED SERVICES

Iowa law requires this service.

COST

There is no cost to the family.

WHERE TO APPLY

If you suspect a child is suffering in an abusive situation, contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D), or call the 24-hour Toll-Free Hotline 1-800-362-2178.

RESPONSIBLE AGENCY

Department of Human Services

CONTACT SOURCE

John Holtkamp, Unit Manager
Child Protective Services
Iowa Department of Human Services
Hoover State Office Building - 5th Floor
Des Moines, Iowa 50319-0114
(515) 281-5583

Food Stamp Program

OVERVIEW OF PROGRAM

The food stamp program provides monthly benefits that help low-income households buy food they need for good health.

AGE REQUIREMENTS AND ELIGIBILITY

You may qualify if you:

* work for low wages
* are unemployed or work part-time
* receive welfare or other assistance payments
* are elderly or disabled and live on a small income

SERVICE(S)

Benefits in the form of coupons for food are provided on a monthly basis. The number of food stamps a household can receive depends on the number of people in the household and family income after allowable deduction.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families for certain food items. However, a family's food stamp allotment is not designed to cover the total cost of food.

WHERE TO APPLY

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D).

Transitional Child Care

OVERVIEW OF PROGRAM

Transitional Child Care is designed to provide child care for the PROMISE program which is intended to help clients become self-sufficient.

AGE REQUIREMENTS AND ELIGIBILITY

You become eligible if you received Aid to Dependent Children benefits but are no longer eligible:

1. due to an increase in earned income on or after October 1, 1988.
2. due to loss of earned income disregards on or after October 1, 1988.

Eligibility continues for 12 consecutive months after cancellation date of Aid to Dependent Children.

SERVICE(S)

Child care services are provided in a child care center, a family day-care home or a group day-care home. The provider must be a licensed or registered day-care provider.

MANDATED SERVICES

Not Applicable

COST

The Department of Human Services pays a portion of the cost based on the recipient's income, and the recipient pays the remainder of the cost.

WHERE TO APPLY

Contact the office of the Iowa Department of Human Services in the county in which you live (see Appendix D). Ask for the Income Maintenance Worker responsible for your case.

RESPONSIBLE AGENCY

Iowa Department of Human Services

CONTACT SOURCE

Vivian Thompson
ADC Policy Administrator
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319
(515) 281-3132

Iowa Child and Adolescent Service System Program (CASSP)

OVERVIEW OF PROGRAM

The Child and Adolescent Service System Program (CASSP) is a children's mental health initiative administered by the Division of Mental Health/Mental Retardation/and Developmental Disabilities in the Iowa Department of Human Services. The project intends to develop or enhance community-based mental health services to seriously emotionally disturbed children and adolescents through interagency collaboration and cooperative, comprehensive planning, thereby strengthening interagency relationships and the provision of services in a cohesive fashion.

AGE REQUIREMENTS AND ELIGIBILITY

CASSP does not provide direct service but, for interagency planning purposes, the program focuses on children and adolescents 0-18 (in some cases 0-21) years of age.

SERVICE(S)

Planning and technical assistance are available to state and local program planners and funders. Training and support group development resources are available to service providers and parents. Parents interested in support group development and/or other related information may call CASSP staff at (515) 281-8061.

MANDATED SERVICES

Not Applicable

COST

Not Applicable

WHERE TO APPLY

Iowa Child and Adolescent Service System Program
Division of Mental Health, Mental Retardation
and Developmental Disabilities
Iowa Department of Human Services
5th Floor, Hoover Building
Des Moines, Iowa 50319
(515) 281-8061

RESPONSIBLE AGENCY

The Division of Mental Health, Mental Retardation and Developmental Disabilities in the Iowa Department of Human Services.

CONTACT SOURCE

Iowa Child and Adolescent Service System Program
Division of Mental Health, Mental Retardation
and Developmental Disabilities
Iowa Department of Human Services
5th Floor, Hoover Building
Des Moines, Iowa 50319
(515) 281-8061

Developmental Disabilities Basic Grant (P.L. 100-146)

OVERVIEW OF PROGRAM

The Developmental Disabilities Basic Grant Program provides funds to three areas:

1. The Governor's Planning Council for Developmental Disabilities provides grant monies to agencies, organizations, and individuals to conduct research and policy analysis for persons with developmental disabilities (see pages 89-90).

2. Iowa Protection and Advocacy Services is a program to protect human and legal rights for persons with developmental disabilities (see pages 91-92-93).

3. University Affiliated Program provides and encourages the use of interdisciplinary team resources for training and technical assistance and to operate a demonstration health care facility. The Division of Developmental Disabilities (see pages 94-104) is Iowa's University Affiliated Program.

RESPONSIBLE AGENCY

Department of Health and Human Services
Administration for Developmental Disabilities

Iowa Governor's Planning Council for Developmental Disabilities (DD)

OVERVIEW OF PROGRAM

The Governor's Planning Council for Developmental Disabilities receives federal funds and provides grants to agencies, organizations and individuals for activities that assist in implementing goals and objectives of the Iowa Governor's Planning Council for Developmental Disabilities State Plan. Congress has mandated that state planning councils advocate with and on behalf of persons with developmental disabilities to achieve greater independence, productivity and integration into their communities. The Council in Iowa has 26 members appointed by the governor. Fifty percent of the Council members must be consumers and/or parents or guardians of consumers.

SERVICE(S)

Federal requirements stipulate that this program does not provide direct financial resources or services. Funds are used to conduct research and policy analysis in order to ensure that the system is responsible to persons with developmental disabilities. In order to do this the DD Council has adopted the following Mission Statement.

> The Governor's Planning Council for Developmental Disabilities works with persons with developmental disabilities and their families to exercise their right of inclusion and full participation in community life and advocates for systems and supports that promote the realization of these rights.

MANDATED SERVICES

Not Applicable

COST

Not Applicable

WHERE TO APPLY

Not Applicable

RESPONSIBLE AGENCY

Federal: Health and Human Services Department, Administration on Developmental Disabilities
State: Administering Agency - Department of Human Services

CONTACT SOURCE

Karon Perlowski, Executive Director
Iowa Governor's Planning Council for Developmental Disabilities
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319
(515) 281-7632

Iowa Protection and Advocacy (P&A) Service, Inc.

OVERVIEW OF PROGRAM

Iowa Protection and Advocacy is a private, non-profit corporation that exists to protect and advocate for the rights of people with developmental disabilities. It was created under Federal Law 98-529 by the "Developmental Disabilities Assistance and Bill of Rights Act". Federal law requires each state to provide a Protection and Advocacy Service.

AGE REQUIREMENTS AND ELIGIBILITY

The program's services are available on behalf of any person with severe mental or physical impairment that begins prior to age 22 and results in limitations in three or more of the following areas:

1. self-care (eating, dressing and taking care of basic health needs)
2. receptive and expressive language (hearing and understanding what is being said and being understood by others)
3. learning
4. mobility (getting around inside and outside of home, school, work and community)
5. self-direction (making decisions about friends, education, jobs, money and other life-skill needs)
6. capacity for independent living (living safely without assistance most of the time)
7. capacity for self-sufficiency (working and earning a living).

SERVICE(S)

The following services are provided by Protection and Advocacy staff for as long as the service is needed.

Information/Referral -- Information on the rights of persons with a developmental disability. If the issue or problem can be more appropriately handled by another agency, a referral will be made.

Individual Advocacy -- This includes direct investigation, administrative intervention and/or negotiation with agencies on behalf of individuals with developmental disabilities.

Legal Representation -- P&A is empowered with the authority to provide individual and class action legal representation of clients if rights have been violated or if the problem has a legal basis and cannot be resolved through negotiations.

P&A Newsletter -- P&A publishes an informative bi-monthly newsletter, the **P&A Bulletin**, updating events, laws, policies and trends affecting rights and services.

Resource Library -- The agency maintains a resource library for use by the general public. Many booklets, pamphlets, articles and films are available on loan for research and information purposes.

Training/Education -- Iowa Protection and Advocacy staff can provide or help arrange inservice training, workshops and presentations regarding services, due process or legal rights of persons with developmental disabilities, and many other service topics.

Systems Advocacy -- This service monitors legislation, administrative rules and policies of agencies influencing services for people with developmental disabilities.

Any individual, program, organization or agency that has questions or concerns regarding the rights of children, youth and adults with developmental disabilities may contact Protection and Advocacy for assistance. Confidential referrals are accepted. Client cases are accepted based upon the priority of the problem or issue and the availability of staff time.

MANDATED SERVICES

Not Applicable

COST

There is no cost for Protection and Advocacy Services.

WHERE TO APPLY

Iowa Protection and Advocacy Services, Inc.
3015 Merle Hay Road, Suite 6
Des Moines, Iowa 50310
(515) 278-2502

Client or client referrals may call collect.

RESPONSIBLE AGENCY

Federal Health and Human Services Department
Administration on Developmental Disabilities

CONTACT SOURCE

Iowa Protection and Advocacy Services, Inc.
3015 Merle Hay Road, Suite 6
Des Moines, Iowa 50310
(515) 278-2502

Division of Developmental Disabilities
Iowa's University Affiliated Program

OVERVIEW OF PROGRAM

The Division provides interdisciplinary team resources in an out-patient or in-patient clinic setting at the University Hospital School to provide services to individuals who are developmentally disabled.

AGE REQUIREMENTS AND ELIGIBILITY

The programs are available for any individual, birth to 35 years of age, from the State of Iowa with a suspected or confirmed developmental disability.

SERVICE(S)

Out-patient Services

The Division provides out-patient clinics and in-patient diagnostic, evaluation and treatment services through staff from the following disciplines:

- Dentistry
- Education
- Medicine
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology
- Recreation
- Rehabilitation Engineering
- Social Work
- Speech and Language Pathology/Audiology

1. Child Development Clinic - offers comprehensive, interdisciplinary evaluations and follow-up services for children and young adults who display:

   * problems in development due to social, psychological, and/or undetermined factors.
   * poor school performance, including learning disabilities.
   * hyperactivity.
   * mild behavior problems.
   * developmental problems associated with socially dysfunctional families (that may involve child abuse and/or neglect).
   * developmental disabilities which have genetic bases (e.g., neurofibromatosis) or which are due to factors in the prenatal environment (e.g., fetal alcohol syndrome).

2. Myelodysplasia Clinic - offers coordinated interdisciplinary services to infants, children and young adults (birth to age 35) who have spinal cord defects or dysfunction, such as spina bifida or spinal cord injuries. The clinic is held each Monday; its services are especially designed to assist community service providers, including primary care physicians.

3. Metabolic Management Clinic - offers comprehensive, interdisciplinary diagnostic and follow-up services for infants, children and young adults born with metabolic disorders requiring special diets or other complex care. The clinic is held each Monday at the University Hospital School.

   Clinic staff members evaluate infants and children referred from the Iowa Neonatal Metabolic Screening Program with conditions such as phenylketonuria (PKU), branched chain ketoacidemia (maple syrup urine disease--MSUD), or galactosemia. In addition, staff members provide similar services for infants, children and young adults with other complex metabolic and/or genetic conditions. Generally, these are rare, inherited conditions which may cause mental retardation and/or severe health problems.

4. Infant and Young Child Clinic - offers specialized services for children, ages birth to 3, with suspected or confirmed developmental problems. The clinic assists parents and local service providers with diagnoses, care recommendations and management programs for children whose needs are extensive and complex. Among the problems frequently seem at the clinic are developmental delay, neuromotor involvement, functional problems (such as feeding difficulties) and other chronic medical conditions. Comprehensive interdisciplinary services assure that all aspects of a child's problem are considered.

5. Child and Young Adult Clinic - offers coordinated interdisciplinary services to children (age three and over) and young adults with disabilities that present obstacles to the development of:

* self-care
* mobility
* communication skills
* learning
* self-direction
* capacity for independent living and/or
* eventual social and economic self-sufficiency.

Among the problems frequently seen at the clinic are neuromotor involvement, dysfunction due to brain injury or disease, mental retardation, disabilities in one area of functioning, and combinations of interrelated intellectual, learning and/or adjustment disorders. The clinic provides diagnostic, evaluation, and follow-up services. It is a resource for families, school and area education agency personnel, social service and public health agencies, physicians and other local service providers.

All Division services are specially designed to assist not only the children themselves, but also their families and local service providers.

Follow-up services for the child are provided as needed by the Division staff, including:

* reevaluations
* consultations with professional service providers in the local community
* outreach visits to the local community
* returns for special out-patient services (e.g., checks of postural support systems or other equipment)

INPATIENT SERVICES

Through the recommendation of one of the out-patient clinics, an infant, child or young adult in need of a more extensive evaluation or intervention may be admitted to the Division's In-patient Unit. Admissions average about two weeks based on the needs of the individual. The in-patient unit provides educational support for continuation of educational plans in addition to reevaluation and services.

Examples of services include diagnosis clarification, management of chronic health conditions, education evaluation, mobility training, and power mobility evaluation and training in addition to evaluation for assistive devices and postural support systems.

MANDATED SERVICES

Not Applicable

COST

Fees for services are determined by the fee schedule of the University of Iowa Hospitals and Clinics. Clinic fees, associated charges and arrangement for payment, including insurance, Medicaid and other potential sources for funding, will be reviewed upon request.

WHERE TO APPLY

A referral for any Division service as well as questions about services can be made to:

Social Services
Division of Developmental Disabilities
University Hospital School
Iowa City, Iowa 52242
(319) 356-0721 or (319) 353-6915

RESPONSIBLE AGENCY

Board of Regents

Substantive grant monies come through the Department of Health and Human Services, Administration on Developmental Disabilities

CONTACT SOURCE

Social Services
Division of Developmental Disabilities
University Hospital School
Iowa City, Iowa 52242
(319) 356-0721 or (319) 353-6915

Assistive Devices Information Network
Division of Developmental Disabilities

OVERVIEW OF PROGRAM

As a part of the Rehabilitation Engineering Department, the Assistive Devices Information Network provides information on the availability of commercially manufactured assistive technology devices.

AGE REQUIREMENTS AND ELIGIBILITY

The service is available to care providers, individuals with disabilities and their family and all professionals involved with service to these individuals with disabilities. Information is available on all types of equipment, for all ages and disabilities.

SERVICE(S)

The Assistive Devices Information Network, can help individuals identify different specialized and adapted products, locate various suppliers and find price information. To answer these questions, an in-house database has been developed covering the products of over 2,100 manufacturers. Additionally, the Network can access online databases for product information and research data to supplement its own system. Individuals may receive printouts, photocopies from catalogs and brochures, and backup materials where appropriate.

As well as information on new products, the Network has created the Used Equipment Referral Service (UERS) which attempts to match persons who have adaptive equipment to sell with persons who wish to buy such equipment. A computerized information system makes this possible. Once the information has been added, it remains in the file for 90 days. While it is a part of this file, the Network information specialist will try to match buyers with sellers. The information specialist will tell participants the name, phone number and address of each potential buyer/seller so that contact can be made to negotiate a sale. No assurances are made as to the quality or appropriateness of the equipment. The Used Equipment Referral Service plays no role in the

actual sale itself, apart from helping buyers and sellers get in touch with each other.

The Assistive Devices Information Network also publishes a quarterly newsletter containing articles from consumers and professionals who use, or work with, adaptive equipment. These articles contain information on the use, adaptation and modification of assistive technology. The Newsletter also provides information on new products, current listing of products available through the Used Equipment Referral Service, upcoming conferences and post-conference updates.

MANDATED SERVICES

Not Applicable

COST

Services provided by the Assistive Devices Information Network and the Used Equipment Referral Service are available free of charge to anyone in the State of Iowa. The quarterly newsletter is also provided at no cost.

WHERE TO APPLY

Assistive Devices Information Network
Rehabilitation Engineering Department
Division of Developmental Disabilities
University Hospital School
The University of Iowa
Iowa City, Iowa 52242

(800) 331-3027 in Iowa, or \
(319) 356-1514 or (319) 356-0768 / voice or TDD

RESPONSIBLE AGENCY

Division of Developmental Disabilities
Iowa University Affiliated Program
The University of Iowa

CONTACT SOURCE

Assistive Devices Information Network
Rehabilitation Engineering Department
Division of Developmental Disabilities
University Hospital School
The University of Iowa
Iowa City, Iowa 52242

(800) 331-3027 in Iowa, or
(319) 356-1514 or (319) 356-0768 } voice or TDD

Iowa Directory of Services for People with Developmental Disabilities

OVERVIEW OF PROGRAM

Since 1979, the Iowa Governor's Planning Council for Developmental Disabilities and the Iowa University Affiliated Program have collaborated on four editions of the Iowa Directory. The fifth edition is currently in progress and is scheduled for publication in January, 1990.

AGE REQUIREMENTS AND ELIGIBILITY

Services to individuals of all ages are included.

The Directory is intended to be a comprehensive listing of services available to persons with developmental disabilities. Community-based providers, advocacy organizations, and area, regional, state and federal agencies are listed.

SERVICE(S)

The Directory lists basic information like agency/organization name, address, phone, contact person, setting, area served and types of services available. The fourth edition is organized around the service categories currently in use by the Department of Human Services. The fifth edition will be organized around the categories of the taxonomy for the DD Council's proposed statewide information and referral system: advocacy/legal aid, assistive technology, education, employment, health care, individual and family support, income security, mental health, prevention, residential facilities and transportation.

MANDATED SERVICES

Not Applicable

COST

The Directory is available free of charge while quantities last. The fourth edition is now out of print.

WHERE TO APPLY

People wishing to obtain a copy of the fifth edition may have their names placed on a waiting list by calling Nancy Bradshaw, Iowa University Affiliated Program, University Hospital School, Iowa City, Iowa 52242, (319) 356-1134. Agencies or organizations that are not now included, but wish to be, should also contact the IUAP.

RESPONSIBLE AGENCY

University of Iowa

CONTACT SOURCE

Nancy Bradshaw
Iowa University Affiliated Program
University Hospital School
Iowa City, Iowa 52242
(319) 356-1134

Iowa Developmental Disabilities News

OVERVIEW OF PROGRAM

Since 1978, the Iowa Governor's Planning Council for Developmental Disabilities and the Iowa University Affiliated Program have collaborated in the publication of a quarterly newsletter, The IDD News. The newsletter is intended to provide information on a wide range of topics related to promoting the independence, productivity and community integration of Iowans with disabilities. Articles cover issues that relate to persons of all ages.

AGE REQUIREMENTS AND ELIGIBILITY

Currently 5,800 people are on the mailing list (e.g., consumers, families, legislators, providers, state agencies, county boards of supervisors, libraries and the media). Any person interested in the issues addressed by the newsletter can be included on the mailing list.

SERVICE(S)

The IDD News is usually organized around priority areas in the DD Council's state plan. This past year, the newsletter addressed the issues of employment, prevention, community living and service coordination.

MANDATED SERVICES

Not Applicable

COST

The newsletter is free.

WHERE TO APPLY

People wishing their names included on the mailing list should contact Nancy Bradshaw, Iowa University Affiliated Program, University Hospital School, Iowa City, Iowa 52242, (319) 356-1134.

RESPONSIBLE AGENCY

University of Iowa

CONTACT SOURCE

Nancy Bradshaw
Iowa University Affiliated Program
University Hospital School
Iowa City, Iowa 52242
(319) 356-1134

Child Psychiatry Services

OVERVIEW OF PROGRAM

For both children and families, Child Psychiatry Services provides evaluation, diagnosis and treatment of a wide variety of problems.

AGE REQUIREMENTS AND ELIGIBILITY

Children ages 2-18 with behavioral, learning, organic or emotional problems are eligible.

SERVICE(S)

A specially trained staff of psychiatrists, residents in psychiatry, psychiatric nurses, clinical social workers, occupational therapists and activity therapists are available for evaluation, diagnosis and treatment. The services may be a one-day out-patient clinic or one- to six-week in-patient treatment program. Follow-up is provided for one year, as needed. If more follow-up is needed, a reevaluation may be scheduled.

MANDATED SERVICES

Service is provided to court-ordered referrals.

COST

Most treatment is covered by private insurance, including Title XIX. The cost may vary with each individual situation. Follow up is on a sliding fee scale.

WHERE TO APPLY

Referrals are made directly to:

Child Psychiatry Services
Intake Nurses: Cheryl Cruise, R.N., (319) 356-1478 or
Mary Nixon, R.N., (319) 356-7179

Parents will receive an intake packet to complete before an appointment date can be set.

RESPONSIBLE AGENCY

University of Iowa Hospitals and Clinics

CONTACT SOURCE

Child Psychiatry Services
University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242

Other Sources for Financial Assistance or Support Services

Community Living Foundation for Iowans with Developmental Disabilities

OVERVIEW OF PROGRAM

The Community Living Foundation is a private non-profit organization whose goal is to provide family support services aimed at preventing inappropriate out-of-home placements.

AGE REQUIREMENTS AND ELIGIBILITY

Anyone who is diagnosed as developmentally disabled before the age of 22 is eligible for services. A "developmental" disability means the disability occurred before the age of 22.

SERVICE(S)

Support services may include financial assistance with the purchase of assistive devices and home modifications. Respite care, transportation and homemaker services may be funded on a short-term basis only. The services are provided to persons while in their own homes.

When the funding is needed, a family member or person with a disability needs to call or write to the foundation to request an application. If funding is granted, the foundation then pays for all or part of the cost of the equipment or service. It is up to the family or individual to obtain the medical supplier, respite care giver or whoever is needed to provide the equipment or services. The Community Foundation then works out an arrangement for payment with the supplier.

MANDATED SERVICES

Not Applicable

COST

There is no cost to the family for any service provided by the Community Living Foundation.

WHERE TO APPLY

Chris Morton
Community Living Foundation
2402 Forest Avenue
Des Moines, Iowa 50311
(515) 277-1903 or 1-800-722-0169

RESPONSIBLE AGENCY

CONTACT SOURCE

Mary Disquiron, Program Manager
Family Support Program of Iowa Children and Family Services
1111 University
Des Moines, Iowa 50311
1-800-722-0169

Muscular Dystrophy Association (MDA)

OVERVIEW OF PROGRAM

Founded in 1950, MDA has become one of the nation's largest voluntary health agencies. Iowa has two MDA clinics. The programs are funded almost entirely by voluntary contributions from concerned individuals and cooperating organizations.

AGE REQUIREMENTS AND ELIGIBILITY

MDA is designed to serve any person who is diagnosed by a physician as having one of the 40 neuromuscular diseases identified by the Association (see Appendix V).

SERVICE(S)

Diagnosis and follow-up care are offered at MDA sponsored clinics. The clinical exam to determine diagnosis includes:

* A family history
* Electromyogram (EMG - to measure electrical activity of muscle)
* Serum Enzyme Tests (to measure the amounts of muscle proteins that are present in the blood)
* Urine Tests (to confirm presence of muscle wasting)
* Muscle Biopsy

Follow-up for a diagnosis of muscular dystrophy include:

* Periodic reevaluations
* Physical, occupational and respiratory therapy
* Report to personal physician
* Genetic counseling

MDA also provides a wide range of patient and community services which include:

* Orthopedic aids
* Aids for daily living
* Flu inoculations
* Transportation
* Camp programs

The clinics are provided at:

* Younker Memorial Rehabilitation Center, Des Moines
* University of Iowa Hospitals and Clinics, Iowa City

MANDATED SERVICES

Not Applicable

COST

There are no costs to the family.

WHERE TO APPLY

Muscular Dystrophy Association
1000 73rd Street, Suite 15
Des Moines, Iowa 50311
(515) 225-2159

RESPONSIBLE AGENCY

Muscular Dystrophy Association

CONTACT SOURCE

Ann Pross
Muscular Dystrophy Association
1000 73rd Street, Suite 15
Des Moines, Iowa 50311
(515) 225-2159

United Cerebral Palsy (UCP)

OVERVIEW OF PROGRAM

United Cerebral Palsy of Iowa is designed to provide information and referral services and funding for equipment or other services as appropriate.

AGE REQUIREMENTS AND ELIGIBILITY

Any person with cerebral palsy or a related condition with a limited income or special circumstances may receive services.

SERVICE(S)

UCP provides the following services:

1. parent network through newsletter and support groups
2. funding for equipment
3. referrals to appropriate agencies.

Check with your area UCP organization to determine what services are available.

MANDATED SERVICES

Not Applicable

COST

There is no cost to families. Financial assistance, up to $100, is provided for equipment or other services as appropriate.

WHERE TO APPLY

To find for the UCP organization nearest you, contact the State Office for United Cerebral Palsy.

RESPONSIBLE AGENCY

State Office - United Cerebral Palsy

CONTACT SOURCE

Jane Butler, Executive Director
United Cerebral Palsy of Iowa
#306 Shops Building, 8th and Walnut
Des Moines, Iowa 50309
(515) 244-0116

Sunnyside Day Camp

OVERVIEW OF PROGRAM

Camp Sunnyside Day Camp, provided by Easter Seals Society of Iowa, Inc., has been available since 1981. This camping experience is designed to improve non-disabled children's attitudes toward children with disabilities while helping disabled children grow more confident in their ability to participate in the mainstream.

AGE REQUIREMENTS AND ELIGIBILITY

All children, ages 4-12, who are not exhibiting severe emotional or behavioral disorders are eligible.

SERVICE(S)

A full range of recreational activities are available at Camp Sunnyside Day Camp. The program is held during the months of June and July, Monday through Friday from 7:30 a.m. to 5:30 p.m.

MANDATED SERVICES

Not Applicable

COST

There is a charge of $52 per child per week, but limited scholarships are also available. Families are required to fill out application and information forms and sign releases.

WHERE TO APPLY

Sunnyside Day Camp
P. O. Box 4002
Des Moines, Iowa 50333
(515) 289-1933

RESPONSIBLE AGENCY

Easter Seal Society of Iowa, Inc.

CONTACT SOURCE

Jack Denniston, Recreation Director
Easter Seal Society of Iowa, Inc.
P. O. Box 4002
Des Moines, Iowa 50333
(515) 289-1933

Sunnyside Respite Services

OVERVIEW OF PROGRAM

Sunnyside Weekend and Week-Long Respite Services are designed to provide families caring for a disabled member at home an occasional break while the disabled person has an enjoyable time at camp. Emergency respite care is also a part of the respite services provided by the Easter Seals Society of Iowa, Inc.

AGE REQUIREMENTS AND ELIGIBILITY

Respite Care Weekends and Emergency Respite services are available to any child three years of age and up with a physical or developmental disability, living at home, and not exhibiting severe emotional or behavior disorders. Emergency Respite Care is available for cases of sudden, unforeseen occurrences requiring immediate action, such as unexpected hospitalization of the care giver or imminent danger of child abuse. Sunnyside personnel determine whether each situation qualifies for emergency respite, so that limited resources are used where most needed.

SERVICE(S)

Respite Care Weekends - 17 weekends per year are provided beginning on Friday at 6:30 p.m. and ending at 4:30 p.m. on Sunday.

Week-long Respites - provided during the months of January and/or March beginning at 1:30 p.m. on Sunday until 11:00 a.m. on the following Saturday.

Emergency Respite Care - provided around the clock and through the weekends for up to two weeks. The respite coordinator must be contacted during office hours (Monday-Friday, 8:30-4:30) to apply for services.

Qualified staff provide the services and care with sensitivity to the physical, social and emotional needs of each child.

MANDATED SERVICES

Not Applicable

COST

The Weekend Respite fee is $60.
The Week-Long Winter Respite fee is $180.
The Emergency Respite fees is $30 per day.

The Easter Seal Society asks families to pay whatever part of the fee they can as long as other funding is available, but no one will be turned away because of the inability to pay. Services cost $103 a day and are supported by grants and donations as well as client fees.

WHERE TO APPLY

Respite Services
Camp Sunnyside
P. O. Box 4002
Des Moines, Iowa 50333
(515) 289-1933

RESPONSIBLE AGENCY

Easter Seal Society of Iowa, Inc.

CONTACT SOURCE

Jack Denniston
Recreation Director
Easter Seal Society of Iowa, Inc.
P. O. Box 4002
Des Moines, Iowa 50333
(515) 289-1933

Camp Sunnyside

OVERVIEW OF PROGRAM

Sunnyside's Residential Camp is designed for children age 6 and older, adults and senior citizens who have disabilities. The program provides recreation and camping opportunities at its 130-acre site near Des Moines, Iowa.

AGE REQUIREMENTS AND ELIGIBILITY

Residential Camp is available to residents of Iowa, age 6 and up, who have physical or developmental disabilities and are not exhibiting severe emotional or behavioral disorders.

SERVICE(S)

Week-long summer sessions begin in early June. Campers check-in on Sunday afternoons and check-out Friday afternoons.

MANDATED SERVICES

Not Applicable

COST

One week sessions (5-day) cost $300. Camp Sunnyside asks participants or their families to pay whatever part of the fee they can, but does not turn people away because of the inability to pay.

WHERE TO APPLY

Camp Sunnyside
Box 4002
Des Moines, Iowa 50333
(515) 289-1933

RESPONSIBLE AGENCY

The Easter Seal Society of Iowa, Inc.

CONTACT SOURCE

Pete Theismann, Director of Camping and Recreation
Camp Sunnyside
Box 4002
Des Moines, Iowa 50333
(515) 289-1933

Sunnyside Adventure Camp

OVERVIEW OF PROGRAM

Adventure Camp offers the opportunity for a more rugged camping experience at scenic areas in Iowa. The program includes a canoe trip, fishing trips and travel camps.

AGE REQUIREMENTS AND ELIGIBILITY

Adventure Camp is available to residents of Iowa, age 14 and up, who have physical or developmental disabilities. They must be physically independent (manual wheelchair or ambulatory), provide most of their own personal care, and have an active interest in going on a trip away from Camp Sunnyside.

SERVICE(S)

The Adventure Canoe Trip is a 12-day program. Campers check-in at camp on a Sunday afternoon. They spend several days preparing for the trip at Camp Sunnyside. They then spend about 8 days canoeing down a river, camping out, swimming and fishing. They check out of camp on a Friday morning.

The Travel and Fish Camps are five-day sessions that start on Sunday afternoon and end on Friday afternoon. Campers spend four days and nights away from Camp Sunnyside visiting sites, fishing and swimming.

MANDATED SERVICES

Not Applicable

COST

One week sessions (5-days) cost $300. The twelve-day canoe trip costs $500. Camp Sunnyside asks participants or their families to pay whatever part of the fee they can, but does not turn people away because of the inability to pay.

WHERE TO APPLY

Camp Sunnyside
Box 4002
Des Moines, Iowa 50333
(515) 289-1933

RESPONSIBLE AGENCY

The Easter Seal Society of Iowa, Inc.

CONTACT SOURCE

Pete Theismann, Director of Camping and Recreation
Camp Sunnyside
Box 4002
Des Moines, Iowa 50333
(515) 289-1933

Camp Courageous of Iowa
Respite Care

OVERVIEW OF PROGRAM

The Respite Care Program at Camp Courageous of Iowa provides a weekend full of fun and adventure for any physically or mentally disabled person, while providing a much needed break for the parent, care giver or family.

Emergency Respite Care is provided in the event of death, serious illness or extreme emotional trauma of the primary care giver.

AGE REQUIREMENTS AND ELIGIBILITY

Respite care is open to any physically or mentally disabled individual who is living at home. Age is no restriction.

SERVICE(S)

Respite weekends are scheduled throughout the year with activities that may include:

swimming
pony rides
sensory awareness
sledding
gym activities
and many more

Emergency respite care is available 24 hours a day, 7 days a week, 365 days a year.

Medical professionals provide everything from medication disbursements to treatments and therapy.

MANDATED SERVICES

Not applicable

COST

Families of campers are asked to pay what they can, but no one is ever turned away for lack of funds.

WHERE TO APPLY

Jeanne Muellerleile, CCD
Camp Director
P. O. Box 455
Monticello, Iowa 52310-0455
(319) 465-5916

RESPONSIBLE AGENCY

CONTACT SOURCE

Charlie Becker
Executive Director
Camp Courageous of Iowa
R. R. #2, P. O. Box 455
Monticello, Iowa 52310-0455
(319) 465-5916

Shriners Hospitals for Crippled Children

OVERVIEW OF PROGRAM

Shriners Hospitals provide medical care to children who have orthopedic problems or who have been severely burned. Nineteen orthopedic hospitals and three burn institutes are located throughout North America.

AGE REQUIREMENTS AND ELIGIBILITY

Any child is eligible for care if:

* the child is under the age of 18
* treatment at another facility would place a financial burden on the family
* the child's condition can be helped

SERVICE(S)

Shriners Hospital units provide care for virtually all pediatric orthopedic problems, with the exception of acute trauma. Each unit treats the most common orthopedic problems and each unit has developed a special area of expertise.

Orthopedic problems most commonly treated by all units are:

* scoliosis
* spina bifida/myelodysplasia
* skeletal growth abnormalities
* neuromuscular disorders
* metabolic bone disease
* hand disorders
* hip disorders
* limb deficiencies
* leg length discrepancies

The specialized units serving Iowa children with orthopedic problems are located in Chicago, Illinois; St. Louis, Missouri and Minneapolis, Minnesota.

The Chicago unit specialty areas include:

* spinal deformities, including spinal injuries
* orthopedic problems of cerebral palsy
* clubfoot and congenital deformities of the foot
* osteogenesis imperfecta

The St. Louis specialty areas include:

* comprehensive pediatric orthopedic reconstructive surgery in all areas of sub-specialization
* metabolic unit specializing in vitamin D resistant rickets, metabolic bone disease and osteogenesis imperfecta
* neuromuscular related problems

The Twin Cities Unit in Minneapolis specialty areas include:

* amputee and prosthetic service
* leg length inequality treatment
* juvenile rheumatoid arthritis clinic
* myelodysplasia

The staff includes orthopedists and pediatricians as well as other medical specialists. Each patient is sponsored by a Shriner, who helps fill out the application form, obtain required documents and forward the form to the hospital. Transportation to the hospital is available from many Shrine Temples. In addition, most Shriners Hospitals provide low-cost accommodations for the family.

MANDATED SERVICES

Not Applicable

COST

There is no charge for any of the care or services provided by a Shrine Hospital.

WHERE TO APPLY

Application forms are available from Shriners, local Shrine Clubs, Shrine Temple officers, Shrine Hospitals or by writing:

Shriners Hospitals for Crippled Children
2900 Rocky Point Drive
Tampa, Florida 33607
(800) 237-5055

Admittance is gained upon the completion of an application form which is reviewed for medical and financial eligibility.

RESPONSIBLE AGENCY

Not Applicable

CONTACT SOURCE

Administrator of the unit nearest you.

Chicago Unit
2211 North Oak Park Avenue
Chicago, Illinois 60635

St. Louis Unit
2001 South Lindberg Blvd.
St. Louis, Missouri 63131

Twin Cities Unit
2025 East River Road
Minneapolis, Minnesota 55414

Variety Club

OVERVIEW OF PROGRAM

Variety Club of Iowa helps children with special needs by supporting over 60 charities, state-wide.

Charities may request grant applications for capital needs.

AGE REQUIREMENTS AND ELIGIBILITY

Children with special needs from birth through age 21.

SERVICE(S)

Variety Club does not provide direct services. It supplies brick and mortar type items, equipment and vans to transport these children to charities throughout Iowa.

MANDATED SERVICES

Not Applicable

COST

Not Applicable

WHERE TO APPLY

Variety Club of Iowa
322 Shops Building
806 Walnut
Des Moines, Iowa 50309

RESPONSIBLE AGENCY

Not Applicable

CONTACT SOURCE

Charities Chairman
322 Shops Building
806 Walnut
Des Moines, Iowa 50309

Iowa Association for Retarded Citizens

OVERVIEW OF PROGRAM

The Association for Retarded Citizens (ARC) is a private not-for-profit advocacy organization, established to represent all children and adults with mental retardation throughout the state. The organization was formed in 1953 by parents who sought resources and opportunities enabling their children to become participating members of society. Through a network of 85 county-wide units, the ARC has remained steadfast in its mission to "advance through all resources the total well-being, dignity, individual potential and rights of all citizens who have mental retardation and to foster the prevention of mental retardation."

AGE REQUIREMENTS AND ELIGIBILITY

Membership is open to any family or individual of any age with an interest in a person or persons with mental retardation. Services are available to anyone or family requiring them.

SERVICE(S)

Individual case assistance and referral
Organizational advocacy
Provision of opportunities for positive parental interactions
Promote prevention
Secure financial resources
Public awareness
Systems advocacy
Monitoring of services and systems directly or indirectly impacting on persons with mental retardation or other disabilities

MANDATED SERVICES

Not Applicable

COST

No charge for services. Memberships taken at the local level for local, state and national affiliation.

WHERE TO APPLY

All inquiries for services or membership can be addressed to:

Mary Etta Lane, Executive Director or
Esther Fields, President

ARC/Iowa
715 East Locust
Des Moines, Iowa 50309
1-800-362-2927 or (515) 283-2358

RESPONSIBLE AGENCY

CONTACT SOURCE

Please call the ARC/Iowa office cited above for the latest information on your local unit.

Overview of P. L. 99-457

Public Law 99-457, the Education of the Handicapped Amendments of 1986, amends P.L. 94-142 to include a mandate for the provision of educational and related services for handicapped children ages 3-5 years by 1991.

The Act contains four parts. Title I describes the requirements for the new Part H discretionary program to serve infants, toddlers and their families (birth-2); Title II describes the revised preschool (3-5) grant programs; Title III describes revisions in the discretionary grant programs. Title IV contains several amendments to P. L. 94-142.

The following is an overview of major components of the law which will impact all service providers and recipients of services for handicapped children from birth through five years of age and their families. A complete copy of the law may be obtained by contacting the Department of Education, Bureau of Special Education.

Findings & Policy

New Section 671 of the Act contains the findings and policy of the new part. "Congress finds and urgent and substantial need to enhance the development of handicapped infants and toddlers and minimize their potential for developmental delay; reduce the education costs to our society, including our schools; minimize the likelihood of institutionalization; and enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps."

Studies of the effectiveness of preschool education of the handicapped have demonstrated beyond doubt the economic and educational benefits of programs for young handicapped children. In addition, the studies have shown that the earlier intervention is started, the greater is the ultimate dollar savings and the higher is the rate of educational attainment by those handicapped children.

More specifically, testimony and research indicate that early intervention and preschool services accomplish the following:

(1) help enhance intelligence in some children;
(2) produce substantial gains in physical development, cognitive development, language and speech development, psycho-social development and self-help skills;
(3) help prevent the development of secondary handicapping conditions;
(4) reduce family stress;
(5) reduce social dependency and institutionalization;
(6) reduce the need for special class placement in special education programs once the children reach school age; and
(7) save substantial costs to society and our nation's schools.

Title I-Handicapped Infants and Toddlers

New Section 672 of the Act defines the term "handicapped infants and toddlers" to mean individuals from birth to age two, inclusive, who need early intervention services because they are:

(1) experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development, psycho-social development, or self-help skills, or
(2) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

The phrase "have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay" is included to enable States to serve categories of infants and toddlers who will need early intervention services even though many will not exhibit developmental delays at the time of diagnosis. Examples include: Downs Syndrome and other chromosomal abnormalities which are likely to result in mental retardation; severe microcephaly; Cornelia de Lange Syndrome; sensory impairments; Rubenstein-Taybi Syndrome; Fetal Alcohol Syndrome; epilepsy; and inborn errors of metabolism.

The term may also include, at a State's discretion, individuals from birth to age two, inclusive, who are "at risk" of having substantial developmental delays if early intervention services are not provided. The phrase "at risk" includes infants and toddlers who are not otherwise covered by the general definition as previously stated above.

Definition of the Term "Early Intervention Services"

The term "early intervention services" *means developmental services which satisfy seven criteria:*

First, such services are provided under public supervision. This means that ultimate responsibility for the provision of services remains with the lead agency designated or established by the Governor. The fact that ultimate responsibility rests with the lead agency should not be construed in any way to limit the agency's authority to make arrangements with local service providers (public and private) who in turn may contract or make arrangements with others for the provision of services.

Second, early intervention services must be provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees.

Third, early intervention services are designed to meet a handicapped infant's or toddler's developmental needs in the following areas: physical development, cognitive development, language and speech development, psycho-social development, and self-help skills.

Fourth, such services must meet the standards of the State, including the requirement of the new part.

Fifth, early intervention services include, but are not limited to: family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; physical therapy; psychological services; case management services; medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; and health services necessary to enable the infant or toddler to benefit from the other early intervention services.

The term "health services necessary to benefit from other early intervention services" does not include such services as: surgical or purely medical procedures such as cleft palate surgery; surgery for club foot; management of congenital heart ailments; management of cystic fibrosis and shunting of hydrocephalus.

Sixth, early intervention services are provided by qualified personnel, including, but not limited to, special educators, speech and language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, and nutritionists. This list is not meant to be exhaustive. Thus, for example, physicians would be considered qualified personnel with respect to the performance of assessments and diagnoses.

Seventh, early intervention services are provided in conformity with an individualized family service plan, except that because infant development is relatively rapid and therefore undue delay could be potentially harmful, such services may commence before the completion of the initial plan with the parent's consent.

Case Management Services

Case management includes services provided to families to assist them in gaining access to early intervention services and other services identified in the individualized family service plan; to ensure timely delivery of available services; and to coordinate the provision of early intervention services with other services (such as medical services for other than diagnostic and evaluation purposes) which the infant or toddler needs or is being provided. It is intended that case management be an active, ongoing process of continuously seeking the appropriate services or situations to benefit the development of each infant or toddler being served for the duration of each child's eligibility.

Components of a Statewide System

States which have in effect a State law (enacted prior to September 1, 1986) requiring provision of a free, appropriate public education to handicapped children from birth through age two are automatically eligible for grants under this part.

New Section 676 of the Act specifies the minimum components of a statewide system consisting of a comprehensive, coordinated, multidisciplinary program of early intervention services for all handicapped infants, toddlers and their families. Those components include:

- the definition of the term "developmentally delayed."
- reasonable goals and timetables for making appropriate early intervention services available.
- performance of a timely, comprehensive and multidisciplinary evaluation of the functioning of each handicapped infant and toddler and the needs of the families to appropriately assist in the development of the handicapped infant and toddler.
- development of individualized family service plans and the provision of case management services.
- a comprehensive child find system and a system for referrals to service providers.
- a public awareness strategy program on early identification of handicapped infants and toddlers.
- a central directory which includes early intervention services, resources, and experts available in the State.
- a comprehensive system of personnel development.
- a single line of authority in an agency designated by the Governor to carry out activities; (2) the identification and coordination of all available resources within the State from Federal, State, local, and private sources; (3) the resolution of interagency disputes and procedures for ensuring the provision of services pending the resolution of such disputes; and 4) the entering into of formal State interagency agreements that define the financial responsibility of each State agency for paying for early intervention services (consistent with State law).
- a policy pertaining to the contracting or making of other arrangements with local service providers.
- a procedure for securing timely reimbursement of funds used under this part in accordance with section 681 (a).
- procedural safeguards with respect to early intervention programs.
- policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained.
- a system for compiling data regarding the early intervention programs.

Individualized Family Service Plans

New Section 677 (a), states that each handicapped infant or toddler and the infant's or toddler's family must receive a multidisciplinary assessment of unique needs and services appropriate to meet such needs and a written individualized family service plan developed by a multidisciplinary team, which includes the parent or guardian.

Under subsection (b), the individualized family service plan must be reviewed once a year and the family provided a documented update of the program at least at 6-month intervals. The plan must be in writing and contain:

- a statement of the infant's or toddler's present levels of development based on objective criteria.

- a statement of the family's strengths and needs relating to enhancing the development of the family's handicapped infant or toddler.

- a statement of the major outcomes expected to be achieved for the infant or toddler and the family; to the extent appropriate, the criteria, procedures, and outcomes is being made; and whether modifications or revisions of the outcomes or services are necessary.
- a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity and the method of delivering services.

- the projected dates for initiation of available services and the anticipated duration of such services.

- the name of the case manager from the profession most immediately relevant to the infant's, toddler's or family's needs who will be responsible for the implementation of the plan (to the extent early intervention services are available in the State) and coordination with other agencies or persons.

- the steps to be taken supporting the transition of the handicapped infant or toddler to services provided under Part B of the Act.

Title II-Handicapped Children Aged 3-5

The current incentive program is repealed in lieu of a new preschool grant program.

Services provided by local education agencies, must be provided in conformity with all rules applicable to children ages 6-17, including the development of an individualized education program.

Any State that fails to provide a free appropriate public education for all handicapped children ages 3-5 for school year 1990-91 or school year 1991-92, depending on which school year the requirement to serve all such children goes into effect, may not count its 3-5 year old handicapped children for purposes of receiving that portion of its P.L. 94-142 allotment. Further, no State or LEA or other public institution or agency may receive a grant under Parts C through G which relates only to preschool matters unless the State is eligible for a preschool grant under Section 619; and, the State will not be eligible for assistance under the preschool grant until it serves those children.

General Authority

New Section 673 of the Act provides general authority to the Secretary of Education to make grants to States to assist the States to develop and implement a comprehensive, coordinated, multidisciplinary program of early intervention services for handicapped infants and toddlers and their families. This program is designed to build upon existing State systems of serving

handicapped infants and toddlers and to facilitate the development of systems in States desiring to serve this population.

For additional information contact:

Joan Turner Clary, Consultant
Early Childhood Special Education
Bureau of Special Education
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319
(515) 281-3176

A Parent's Guide To...

IOWA PROGRAMS PROVIDING AND FINANCING CHILDREN'S CARE AND SERVICES

The Iowa Department
of Education
1990

Compiled by:

Deb House-Deere
Project Coordinator

Julie Beckett
Project Consultant

149

This project has been funded, in part, with Federal funds from the Department of Education under contract number 89575. The content of this publication does not necessarily reflect the views or policies of the Department of Education nor does mention of trade names, commercial products or agencies/organizations imply endorsement by the United States Government. Permission to duplicate this publication is granted by the Department of Education, Early Childhood Special Education Division, contingent upon the Department of Education, Early Childhood Special Education Division and the author being given credit for its development.

The information has been provided by various agencies on the programs they provide. The inclusion of the program does not imply endorsement; the programs/agencies are responsible for the accuracy of the information.

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, religion, national origin, sex, age, or disability.

The Department provides civil rights technical assistance to public school districts, nonpublic schools, area education agencies, and area schools to help them eliminate discrimination in their educational programs, activities, or employment. For assistance, contact the assistant chief, Bureau of School Administration and Accreditation, Iowa Department of Education.

This document is an attempt to provide you with enough information to access programs for which your special needs child(ren) and your family may be eligible. A program is available for all special needs children. It may be not everything you or your child needs, but it is a beginning. More programs and services are being provided now than ever before, and changes are made yearly. The next step to obtaining the resources is up to you.

Deb House-Deere
Project Director

Health

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Health Care Resources			D						For Principal Insurance Carriers
Medicaid		*	I	*	*			*	
Supplemental Security Income (SSI)		*	D/I	*	*			see page *	
State Supplemental Assistance (SSA)		*	D/I	*	*				May qualify if not SSI eligible
Medically Needy		*	I	*	*			see Appendix	May qualify if not ADC-SSI eligible
Home & Community Based Model Waiver		*		*	*				For those not on SSI/Medicaid
Iowa Home Care Monitoring Program	*		I		*				
Foster Care		*	D/I	*				family may be charged	
Subsidized Adoption		*	D/I	*					
Long Term Care		*	D/I	*	*		*	*	Unable to remain at home
Medicare		*	D/I		*		*		Children with chronic renal disease
Maternal Child Health (MCH)	*		D	*		*		see Appendix	

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.
Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.
Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.
Sliding Fee - Charges for services are determined by income of child and family.
Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

Health

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Women/ Infant Care (WIC)			D	*		*	*	* see Appendix	
Child Health Specialty Clinic (CHSC)	*		D/I	*		*	*		
Regional Nutrition Consultation Services	*		D	*		*	*		Eligible if served by CHSC
Parent Partnership Project	*		I		*				
Iowa Home Care Monitoring Program			D	*	*		*		
Public Health Nursing	*		D						
Homemaker Home Health Aide	*	*	D	*		*	*	*	

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.

Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.

Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.

Sliding Fee - Charges for services are determined by income of child and family.

Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

Education

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Early Childhood Sp Ed Home Instruction	*		D		*				
Early Childhood Sp Ed Center Based	*		D		*				
Early Childhood Sp Ed Support Services	*		D		*				
Parent-Educator Connection Project	*		D		*				
Early Childhood Preschool Program - Iowa Braille and Sightsaving School	*		D		*				Must be blind
Early Childhood Preschool Program - Iowa School for the Deaf	*		D		*				Must be deaf
Head Start	*		D	*	*			*	10% in program must be handicapped

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.
Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.
Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.
Sliding Fee - Charges for services are determined by income of child and family.
Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

Community and State Services

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Family Support Subsidy Program		*	D/I					Fam. Income < $40,000	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)			D/I	*				*	
State Child Care Association		*	I	*				Inc. guide for SSI	Qualify if SSI eligible
Child Protective Services	*		D						
Food Stamps		*	D/I	*				Low income families	No charge for certain food
Transitional Child Care		*	I	*				Family pays part cost	
Child and Adolescent Service System (CASSP)			D/I						
Iowa Protection and Advocacy	*		D		*				
Child Development Clinic (UIHC)	*		D	*		*	*		
Myelodysplasia Clinic (UIHC)	*		D	*		*	*		
Metabolic Management Clinic (UIHC)	*		D	*		*	*		

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.
Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.
Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.
Sliding Fee - Charges for services are determined by income of child and family.
Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

Community and State Services

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Infant and Young Child Clinic (UIHC)	*		D	*		*	*		
Child and Young Adult Clinic (UIHC)	*		D	*		*	*		
Assistive Devices Information Network	*		D/I		*				
Iowa Directory of Services for People with Developmental Disabilities	*		I		*				
Iowa Developmental Disabilities Newsletter	*		I		*				
Child Psychiatry Clinic (UIHC)	*		D	*		*	*		

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.
Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.
Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.
Sliding Fee - Charges for services are determined by income of child and family.
Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

Other Sources

Program	Any Special Needs Child/ Family	Financial Assistance	Service D-Direct I-Indirect	Medicaid Eligible	No Charge to Family	Sliding Fee	Third Party Reimburse-ment	Income Limitations	Comment
Community Living Foundation	*	*	D/I		*				Determined by Board
Muscular Dystrophy Association (MDA)			D		*				Limited Disability Served
United Cerebral Palsy (UCP)		*	D/I		*				Limited Disability Served
Sunnyside Day Camp	*		D			*			No one denied
Sunnyside Respite	*		D			*			No one denied
Camp Sunnyside	*		D			*			No one denied
Sunnyside Adventure Camp	*		D			*			No one denied
Camp Courageous of Iowa	*		D			*			No one denied
Shriners Hospital for Crippled Children		*	D		*				Limited Disability Served
Variety Club		*	D/I						For groups, organizations & agencies
Association for Retarded Citizens (ARC)			D/I		*				

Direct Service - Financial assistance or a service is provided directly to the child/family by the agency or organization responsible for the program.

Indirect Service - Financial assistance or a service is provided indirectly to the child/family by some otheragency or organization.

Medicaid Eligible - Services are covered under Medicaid (Title XIX) program.

Sliding Fee - Charges for services are determined by income of child and family.

Third Party Reimbursement - Services are paid for through third party reimbursement, health care provider, 1st party; person for whom services delivered, 2nd party; other financial programs (e.g., insurance, Medicaid, etc.), 3rd party.

APPENDICES

APPENDIX A

Private Insurance Checklist for Families

Inpatient Hospital Coverage

1. What services are covered?
2. Are there any co-payments?
3. Are there deductibles?
4. Are there any prior authorization (pre-approval) procedures to be followed for needed services not usually covered?
5. How many days in the hospital are covered?
6. Will exceptions be made to the policy if services are deemed necessary by the primary physician?
7. Are there any pre-existing condition clauses limiting coverage?

Out-patient Services and Home Care Coverage

1. What types of providers' services will be covered?
2. How many hours?
3. How many visits? How is "visit" defined?
4. Is there a minimum or maximum number of hours or dollars in these areas?
5. Are there restrictions regarding home care such as (a) registered nurse only/registered nurse only at eight-hour shifts or (b) Medicare-certified home health agency only?
6. Must home care coverage start within a designated number of days of hospital discharge and be completed within so many days? Will this be covered 100 percent? What are the coinsurance requirements?
7. What is the family deductible per calendar year?
8. What has been paid by your family toward your calendar year deductible as of the present date?

9. Is there an 80/20 coinsurance requirement up to a specified dollar amount per calendar year, after which the insurer covers 100 percent of the charges or costs? What is the dollar amount?

10. Is there a lifetime maximum? Does this include hospital coverage or only out-patient services, home care nursing services, etc.?

11. What has been expended to date toward that lifetime maximum?

12. Is there major medical coverage?

13. What services are included in the major medical coverage?

14. Is there a preferred provider option? Are there exceptions to using the preferred provider?

15. Does this policy contain a catastrophic illness clause?

16. Are there any exclusionary clauses (e.g., experimental drugs or treatments, tests)?

17. Can you purchase a supplementary benefits package? Can this include services which are not currently covered?

18. Are the following services covered under your current policy, or can they be purchased under a supplemental policy or policies?

    a. adaptive equipment: prone standers ____, corner tables ____, specialized car seats ____, bath aids ____, van adaptation ____

    b. medications ____, tracheostomy tubes ____, gastrostomy tube ____, feeding bags ____

    c. wheelchairs ____, how often can they be replaced _____

    d. corrective shoes ____

    e. eyeglasses ____, lens replacement ____

    f. specialized orthodontia ____

    g. braces ____

    h. prosthetic devices ____

    i. respite care ____

    j. genetic services ____

    k. hospice ____

l. speech, language and hearing ___, physical therapy ___, occupational therapy ___

m. mental health services ___

n. homemaker/home health aide ___

o. attendant services ___

p. nutrition services ___

q. rehabilitation services ___

r. infant stimulation programs ___

s. counseling programs: parents ___, peers ___, patient ___

t. case management ___

u. durable medical equipment ___, ventilators ___, suctioning ___, I.V. stands ___, air compressors ___, feeding pumps ___

19. How does the insurance policy define <u>and</u> how does the company determine what is:

a. usual and customary

b. experimental

c. therapeutic

d. custodial

e. medically necessary?

APPENDIX B

Evaluation of Health Maintenance Organizations: A Checklist for Families

In addition to the questions listed in Appendix A, these questions should be asked of an HMO:

1. a. What are the procedures and restrictions on obtaining referrals to specialty providers affiliated with the HMO?

   b. What are the procedures and restrictions on obtaining referrals to specialty providers not affiliated with the HMO?

   c. Are subscribers usually granted their requests for referrals?

   d. How long does it take to get a decision on a request for a referral?

   e. Who must approve referrals?

   f. How are denials of referrals appealed?

2. Are all the providers listed on the HMO roster available to all subscribers? If not, what are the restrictions?

3. a. Does the HMO have contracts with hospital(s)?

   b. Which HMO physicians have staff privileges at which of these hospitals?

4. If a subscriber selects a primary care physician who is with a particular clinic or individual practice association, will a subscriber be restricted to specialists who are members of that clinic or individual practice association?

5. Do any of the primary care physicians refuse or prefer not to care for children with disabilities?

6. Will the primary care provider assigned to a child be a pediatrician?

7. What is the procedure for changing the primary care physician?

8. Do the specialists affiliated with the HMO have training and experience in treating children?

9. What suppliers of durable medical equipment or orthotics does the HMO use? Are subscribers free to select any of these suppliers? Which suppliers have experience in serving children?

10. Are there restrictions on coverage of physical, occupational or speech therapy?

11. Are there restrictions on coverage of mental health services?

12. Are there restrictions on the length of time for which mental health services will be authorized?

13. What preventive services does the HMO offer and at what cost to subscribers?

14. What financial incentives (bonuses, penalties) are used to encourage physicans to control utilization and cost of services?

15. Will the HMO pay for a second opinion from a physician not affiliated with the HMO?

16. Does the HMO have an internal grievance procedure? If so, how does it work and who makes decisions on grievances?

17. Does the HMO exclude coverage of services that might be provided to children under a special education program? Are such services covered if the child is not eligible for a special education program?

18. Are mental health services available from providers with expertise in servicing children?

19. What does the HMO consider a reasonable distance to travel to see a provider? Will the HMO make referrals to out-of-plan providers if no HMO provider is geographically accessible?

20. Is the HMO financially solvent? (Your insurance commissioner's office may have this information about the financial status of the HMO.)

"Health Care Financing: A Guide for Families," by Julie Beckett. Reprinted by permission from Julie Beckett, Associate Director for Consumer Affairs, National Maternal and Child Health Resource Center.

APPENDIX C

Iowa Comprehensive Health Association

Monthly Major Medical Premiums For Those Not on Medicare

Age Category	$500 Deductible Premiums		$1,000 Deductible Premiums	
	Male	Female	Male	Female
18-29	$ 75.41	$ 96.93	$ 66.45	$ 91.40
30-34	90.52	115.89	78.15	104.75
35-39	106.36	135.04	90.38	118.30
40-44	130.26	148.41	111.83	130.69
45-49	143.92	166.96	122.46	153.68
50-54	170.03	180.94	145.52	156.63
55-59	195.39	194.73	168.06	169.39
60-64	209.77	213.48	179.22	182.56
65-69	319.90	319.90	276.71	276.71
70-74	390.14	390.14	337.45	337.45
75-79	452.56	452.56	391.44	391.44
80-84	503.27	503.27	435.31	435.31
Over 84	550.09	550.09	475.80	475.80
Child	$52.86		$44.18	

Monthly Major Medical Premiums For Those on Medicare

Age Group	$500 Deductible Premiums		$1,000 Deductible Premiums	
	Male	Female	Male	Female
Under 65	$159.95	$159.95	$138.36	$138.36
65-69	159.95	159.95	138.36	138.36
70-74	195.07	195.07	168.72	168.72
75-79	226.28	226.28	195.72	195.72
80-84	251.64	251.64	217.65	217.65
Over 84	275.04	275.04	237.90	237.90

Monthly Premiums - Optional Maternity Per $100 of Benefit (Up to $2,500)

Age Group	
29 & Under	$ 3.65
30-34	3.01
35-39	2.52
40-44	2.24
45-49	2.00
50-54	1.50

Quarterly = 3 x Monthly
Semiannually = 6 x Monthly
Annually = 12 x Monthly

APPENDIX D

Department of Human Services
County Offices

County/#	Office Address/Phone
ADAIR/01 (CB Dist)	132 SE Court Drive P. O. Box Drawer A Greenfield, IA 50849 (515) 743-2119
ADAMS/02 (CB Dist)	Courthouse Corning, IA 50841 (515) 322-4031
ALLAMAKEE/03 (WAT Dist)	102 Allamakee Street Courthouse Waukon, IA 52172 (319) 568-4583
APPANOOSE/04 (OTT Dist)	209 E. Jackson P. O. Box 488 Centerville, IA 52544 (515) 437-4450
AUDUBON/05 (CB Dist)	Courthouse Audubon, IA 50025 (712) 563-4259
BENTON/06 (CR Dist)	114 E. Fourth Street P. O. Box 454 Vinton, IA 52349 (319)472-4759
BLACK HAWK/07 (WAT Dist)	Admin./Service Unit 2nd Fl., KWWL Building 500 E. Fourth Waterloo, IA 50703 (319)291-2436 Income Main. Unit 1340 Logan Avenue Waterloo, IA 50703 (319) 291-2441
BOONE-08 (DM Dist)	1320 S. Marshall St. P. O. Box 370 Boone, IA 50036 (515) 432-6387
BREMER/09 (WAT Dist)	1803 Horton Road P. O. Box 781 Waverly, IA 50677 (319) 352-4233
BUCHANAN/10 (WAT Dist)	1413 First St., West (Old Highway 20) P. O. Box 408 Independence, IA 50644 (319) 334-6091
BUENA VISTA/11 (SC Dist)	Courthouse P. O. Box 367 Storm Lake, IA 50588 (712) 749-2536
BUTLER/12 (WAT Dist)	315 North Main P. O. Box 306 Allison, IA 50602 (319) 267-2594
CALHOUN/13 (MC Dist)	515 Court Street P. O. Box 283 Rockwell City, IA 50579 (712) 297-8524
CARROLL/14 (CB Dist)	611 North West Street Carroll, IA 51401 (712)792-4391
CASS/15 (CB Dist)	Courthouse Atlantic, IA 50022 (712) 243-4401

County/#	Office Address/Phone
CEDAR/16 (DAV Dist)	101 Lynn Street P. O. Box 391 Tipton, IA 52772 (319) 886-6036
CERRO GORDO/17 (MC Dist)	Mohawk Square 22 N. Georgia Avenue Mason City, IA 50401 (515) 424-8641
CHEROKEE/18 (SC Dist)	239 W. Maple Street Cherokee, IA 51012 (712) 225-2588
CHICKASAW/19 (WAT Dist)	910 East Main Street New Hampton, IA 50659 (515) 394-4315
CLARKE/20 (CB Dist)	Courthouse P. O. Box 377 Osceola, IA 50213 (515) 342-6516
CLAY/21 (SC Dist)	215 W. Fourth Street P. O. Box 3077 Spencer, IA 51301 (712) 262-3586
CLAYTON/22 (WAT Dist)	Clayton Co. Off. Bldg. 429 High Street, N.E. Elkader, IA 52043 (319) 245-1766
CLINTON/23 (DAV Dist)	101 S. Second Street P. O. Box E Clinton, IA 52732 (319) 242-0573
CRAWFORD/24 (CB Dist)	107 S. Main Street Denison, IA 51442 (712) 263-5668
DALLAS/25 (DM Dist)	121 N. Ninth P. O. Box 8 Adel, IA 50003 (515) 993-4264

County/#	Office Address/Phone
DAVIS/26 (OTT Dist)	203 S. Madison P. O. Box 107 Bloomfield, IA 52537 (515) 664-2239
DECATUR/27 (CB Dist)	210 N. Main Street Leon, IA 50144 (515) 446-4312
DELAWARE/28 (DAV Dist)	721 S. Fifth Street P. O. Box 500 Manchester, IA 52057 (319) 927-4512
DES MOINES/29 (OTT Dist)	409 N. Fourth Burlington, IA 52601 (319) 754-4622
DICKINSON/30 (SC Dist)	1510 B-C Hill Avenue Spirit Lake, IA 51360 (712) 336-2555
DUBUQUE/31 (DAV Dist)	Town Clock Plaza Nesler Cen., Suite 410 Box 87 Dubuque, IA 52001 (319) 557-8251
EMMET/32 (SC Dist)	220 S. First Street Estherville, IA 51334 (712) 362-7237
FAYETTE/33 (WAT Dist)	129 A North Vine P. O. Box 476 West Union, IA 52175 (319) 422-5634
FLOYD/34 (MC Dist)	Cedar Mall, Suite 122C Charles City, IA 50616 (515) 228-5713
FRANKLIN/35 (MC Dist)	19 Second Avenue, N.W. P. O. Box 58 Hampton, IA 50441 (515) 456-4763
FREMONT/36 (CB Dist)	414 Clay St., Box 419 Sidney, IA 51652 (712) 374-2512

County/#	Office Address/Phone
GREENE/37 (CB Dist)	Courthouse Jefferson, IA 50129 (515) 386-2143
GRUNDY/38 (WAT Dist)	103 J Avenue, East Grundy Center, IA 50638 (319) 824-6941
GUTHRIE/39 (CB Dist)	Courthouse Guthrie Ctr., IA 50115 (515) 747-2293
HAMILTON/40 (MC Dist)	Highway 17 South Superior Street Webster City, IA 50595 (515) 832-2231
HANCOCK/41 (MC Dist)	120 East Eighth Street Garner, IA 50438 (515) 923-3758
HARDIN/42 (CR Dist)	County Office Building Eldora, IA 50627 (515) 858-3461
HARRISON/43 (CB Dist)	109 N. Fourth Avenue P. O. Box 189 Logan, IA 51546 (712) 644-2460
HENRY/44 (OTT Dist)	Saunders Park Mt. Pleasant, IA 52641 (319) 986-5157
HOWARD/45 (WAT Dist)	205 E. Second Street Cresco, IA 52136 (319) 547-2860
HUMBOLDT/46 (MC Dist)	Courthouse Dakota City, IA 50529 (515) 332-3383 Mailing Address: P. O. Box 656 Humboldt, IA 50548
IDA/47 (SC Dist)	Courthouse Ida Grove, IA 51445 (712) 364-2631

County/#	Office Address/Phone
IOWA/48 (CR Dist)	1061 Court Avenue Box 147 Marengo, IA 52301 (319) 642-5573
JACKSON/49 (DAV Dist)	700 W. Quarry P. O. Box 1134 Maquoketa, IA 52060 (319) 652-5661
JASPER/50 (DM Dist)	Midtown Office Building Fifth Floor Newton, IA 50208 (515) 792-1955
JEFFERSON/51 (OTT Dist)	51 W. Hempstead P. O. Box 987 Fairfield, IA 52556 (515) 472-5011
JOHNSON/52 (CR Dist)	911 N. Governor Iowa City, IA 52240 (319) 356-6050
JONES/53 (CR Dist)	Jones County Courthouse Anamosa, IA 52205 (319) 462-3557
KEOKUK/54 (OTT Dist)	Route 1 P. O. Box 308 Sigourney, IA 52591 (515) 622-2090
KOSSUTH/55 (MC Dist)	Courthouse P. O. Box 634 Algona, IA 50511 (515) 295-7771
LEE-North/56 (OTT Dist)	933 Avenue H P. O. Box 188 Fort Madison, IA 52627 (319) 372-3651
LEE-South/56 (OTT Dist)	627 Main Street P. O. Box 1143 Keokuk, IA 52632 (319) 524-1052

County/#	Office Address/Phone
LINN/57 (CR Dist)	Iowa Building, 4th Fl. 221 Fourth Avenue, SE Cedar Rapids, IA 52401 (319) 398-3950
LOUISA/58 (OTT Dist)	317 Van Buren P. O. Box 288 Wapello, IA 52653 (319) 523-6351
LUCAS/59 (OTT Dist)	Courthouse P. O. Box 735 Chariton, IA 50049 (515) 774-5071
LYON/60 (SC Dist)	505 First Avenue Rock Rapids, IA 51246 (712) 472-3743
MADISON/61 (DM Dist)	110 Green Street Winterset, IA 50273 (515) 462-2931
MAHASKA/62 (OTT Dist)	Heartland Square Mall 1703 3rd Avenue East Oskaloosa, IA 52577 (515) 673-3496
MARION/63 (DM Dist)	Old Highway 92 East R. R. #1 P. O. Box 191 Knoxville, IA 50138 (515) 842-5087
MARSHALL/64 (CR Dist)	206 W. State, 2nd Floor Marshalltown, IA 50158 (515) 752-6741
MILLS/65 (CB Dist)	Courthouse P. O. Box 469 Glenwood, IA 51534 (712) 527-4803
MITCHELL/66 (MC Dist)	509 State Street Osage, IA 50461 (515) 732-5524
MONONA/67 (SC Dist)	Courthouse 610 Iowa Avenue Onawa, IA 51040
MONROE/68 (OTT Dist)	208 S. Clinton P. O. Box 176 Albia, IA 52531 (515) 932-5187
MONTGOMERY/69 (CB Dist)	Courthouse Red Oak, IA 51566 (712) 623-4838
MUSCATINE/70 (DAV Dist)	Medical Arts Building 119 Sycamore Street Muscatine, IA 52761 (319) 263-9302
O'BRIEN/71 (SC Dist)	160 Second Street, SE P. O. Box 400 Primghar, IA 51245 (712) 757-5135
OSCEOLA/72 (SC Dist)	230 Ninth Street P. O. Box 100 Sibley, IA 51249 (712) 754-3622
PAGE/73 (CB Dist)	121 South 15th, Suite C Clarinda, IA 51632 (712) 542-5111 Sub-Office: 815 West Thomas P. O. Box 569 Shenandoah, IA 51601 (712) 246-4167
PALO ALTO/74 (SC Dist)	2105 Main P. O. Box 188 Emmetsburg, IA 50536 (712) 852-3523
PLYMOUTH/75 (SC Dist)	19 Second Avenue, N.W. LeMars, IA 51031 (712) 546-8877
POCAHONTAS/76 (MC Dist)	23 Third Avenue, N.E. Pocahontas, IA 50574 (712) 335-3565

County/#	Office Address/Phone
POLK/77 (DM Dist)	Administrative Offices City View Plaza 1200 University Avenue Des Moines, IA 50314 (515) 281-7222 Central - 1900 Carpenter Des Moines, IA 50314 (515) 286-3555 East - 1740 Garfield Des Moines, IA 50316 (515) 286-3270 Pioneer Columbus - 2100 SE Fifth Des Moines, IA 50315 (515) 286-3600 South - 2501 Maury Des Moines, IA 50317 (515) 286-3549
POTTAWATTAMIE/ 78 (CB Dist)	417 E. Kanesville Blvd. Council Bluffs, IA 51503 (712) 328-5689 Sub-Office: 1827 S. Eighth Street Council Bluffs, IA 51503 (712) 328-4805
POWESHIEK/79 (CR Dist)	819 Commercial Grinnell, IA 50112 (515) 236-3149
RINGGOLD/80 (CB Dist)	Courthouse Mount Ayr, IA 50854 (515) 464-2247
SAC/81 (CB Dist)	100 S. State Street P. O. Box 123 Sac City, IA 50583 (712) 662-4782

County/#	Office Address/Phone
SCOTT/82 (DAV Dist)	428 Western Avenue Second Floor Davenport, IA 52801 (319) 326-8680
SHELBY/83 (CB Dist)	615 Durant Street P. O. Box 126 Harlan, IA 51537 (712) 755-3145
SIOUX/84 (SC Dist)	215 Central Avenue, SE P. O. Box 270 Orange City, IA 51041 (712) 737-2943
STORY/85 (DM Dist)	713 South Duff Ames, IA 50010 (515) 233-3740
TAMA/86 (CR Dist)	129 W. High Street Toledo, IA 52342 (515) 484-3406
TAYLOR/87 (CB Dist)	309 Main Bedford, IA 50833 (712) 523-2129
UNION/88 (CB Dist)	Courthouse Creston, IA 50801 (515) 782-2173
VAN BUREN/89 (OTT Dist)	Courthouse Keosauqua, IA 52565 (319) 293-3791
WAPELLO/90 (OTT Dist)	116 E. Third Street P. O. Box 457 Ottumwa, IA 52501 (515) 682-8793
WARREN/91 (DM Dist)	901 East Iowa P. O. Box 729 Indianola, IA 50125 (515) 961-5353
WASHINGTON/92 (CR Dist)	214 South Iowa Washington, IA 52353 (319) 653-7752 (319) 653-7753

County/#	Office Address/Phone
WAYNE/93 (OTT Dist)	Courthouse P. O. Box 465 Corydon, IA 50060 (515) 872-1820
WEBSTER/94 (MC Dist)	24 N. Ninth Street P. O. Box 837 Fort Dodge, IA 50501 (515) 955-6353
WINNEBAGO/95 (MC Dist)	216 South Clark Forest City, IA 50436 (515) 582-3271
WINNESHIEK/96 (WAT Dist)	305 Montgomery Street Decorah, IA 52101 (319) 382-2928
WOODBURY/97 (SC Dist)	Insurance Center 507 Seventh Street Sioux City, IA 51101 (712) 255-0833
WORTH/98 (MC Dist)	849 Central Avenue Northwood, IA 50459 (515) 324-1013
WRIGHT/99 (MC Dist)	115 First Street, SE P. O. Box 346 Clarion, IA 50525 (515) 532-6645

APPENDIX E

Supplemental Security Income (SSI)
Medical Criteria

Medical criteria for the evaluation of impairments of children under age 18.

100.00 Growth Impairment
101.00 Musculoskeletal System
102.00 Special Senses and Speech
103.00 Respiratory System
104.00 Cardiovascular System
105.00 Digestive System
106.00 Genito-Urinary System
107.00 Hemic and Lymphatic System
109.00 Endocrine System
110.00 Multiple Body Systems
111.00 Neurological
112.00 Mental and Emotional Disorders
113.00 Neoplastic Diseases, Malignant

100.00 GROWTH IMPAIRMENT

A. **Impairment of Growth** may be disabling in itself or it may be an indicator of the severity of the impairment due to a specific disease process.

Determinations of growth impairment should be based upon the comparison of current height with at least three previous determinations, including length at birth, if available. Heights (or lengths) should be plotted on a standard growth chart, such as derived from the National Center for Health Statistics: NCHS Growth Charts. Height should be measured without shoes. Body weight corresponding to the ages represented by the heights should be furnished. The adult heights of the child's natural parents and heights and ages of siblings should also be furnished. This will provide a basis upon which to identify those children whose short stature represents a familial characteristic rather than a result of disease. This is particularly true for adjudication under 100.02B.

B. **Bone age determinations** should include a full descriptive report of roentgenograms specifically obtained to determine bone age and must cite the standardization method used. Where roentgenograms must be obtained currently as a basis for adjudication under 100.03, views of the left hand and wrist should be ordered. In addition, roentgenograms of the knee and ankle should be obtained when cessation of growth is being evaluated in an older child at, or past, puberty.

C. The criteria in this section are applicable until closure of the major epiphyses. The cessation of significant increase in height at that point would prevent the application of these criteria.

100.01 CATEGORY OF IMPAIRMENTS, GROWTH

100.02 **Growth impairment**, considered to be related to an additional specific medically determinable impairment, and one of the following:

A. Fall of greater than 15 percentiles in height which is sustained or

B. Fall to, or persistence of, height below the third percentile.

100.03 **Growth impairment**, not identified as being related to an additional, specific medically determinable impairment. With:

A. Fall of greater than 25 percentiles in height which is sustained and

B. Bone age greater than two standard deviations (2 SD) below the mean for chronological age (see 100.00B).

101.00 MUSCULOSKELETAL SYSTEM

A. **Rheumatoid Arthritis.** Documentation of the diagnosis of juvenile rheumatoid arthritis should be made according to an established protocol, such as that published by the Arthritis Foundation, *Bulletin on the Rheumatic Diseases*, Vol. 23, 1972-1973 Series, p. 712. Inflammatory signs include persistent pain, tenderness, erythema, swelling and increased local temperature of a joint.

B. **The measurements** of joint motion are based on the technique for measurements described in the "Joint Method of Measuring and Recording," published by the American Academy of Orthopedic Surgeons in 1965, or "The Extremities and Back" in *Guides to the Evaluation of Permanent Impairment*, Chicago, American Medical Association, 1971, Chapter 1, pp. 1-48.

C. **Degenerative Arthritis** may be the end stage of many skeletal diseases and conditions, such as traumatic arthritis, collagen disorders septic arthritis, congenital dislocation of the hip, aseptic necrosis of the hip, slipped capital femoral epiphyses, skeletal dysplasias, etc.

101.01 CATEGORY OF IMPAIRMENTS, MUSCULOSKELETAL

101.02 **Juvenile Rheumatoid Arthritis with:**

A. Persistence or recurrence of joint inflammation despite three months of medical treatment and one of the following:

1. Limitation of motion of two major joints of 50 percent or greater; or
2. Fixed deformity of two major weight-bearing joints of 30 degrees or more; or
3. Radiographic changes of joint narrowing, erosion or subluxation; or
4. Persistent or recurrent systemic involvement such as iridocyclitis or pericarditis; or

B. Steroid dependence.

101.03 **Deficit of musculoskeletal function** due to deformity or musculoskeletal disease and one of the following:

A. Walking is markedly reduced in speed or distance despite orthotic or prosthetic devices; or

B. Ambulation is possible only with obligatory bilateral upper limb assistance (e.g., with walker, crutches); or

C. Inability to perform age-related personal self-care activities involving feeding, dressing and personal hygiene.

101.05 **Disorders of the spine.**

A. Fracture of vertebra with cord involvement (substantiated by appropriate sensory and motor loss); or

B. Scoliosis (congenital idiopathic or neuromyopathic) with:

1. Major spinal curve measuring 60 degrees or greater; or
2. Spinal fusion of six or more levels. Considered a disability for one year from the time of surgery; thereafter the residual impairment is evaluated; or
3. FEV (vital capacity) of 50 percent or less of predicted normal values for the individual's measured (actual) height; or

C. Kyphosis or lordosis measuring 90 degrees or greater.

101.08 **Chronic osteomyelitis** with persistence or recurrence of inflammatory signs or drainage for at least 6 months despite prescribed therapy and consistent radiographic findings.

102.00 SPECIAL SENSES AND SPEECH

A. **Visual impairments in children.** Impairment of central visual acuity should be determined with use of the standard Snellen test chart. Where this cannot be used, as in very young children, a complete description should be provided of the findings using other appropriate methods of examination, including a description of the techniques used for determining the central visual acuity for distance.

The accommodative reflex is generally not present in children under 6 months of age. In premature infants, it may not be present until 6 months plus the number of months the child is premature. Therefore absence of accommodative reflex will be considered as indicating a visual impairment only in children above this age (6 months).

Documentation of a visual disorder must include description of the ocular pathology.

B. **Hearing impairments in children.** The criteria for hearing impairments in children take into account that a lesser impairment in hearing which occurs at an early age may result in a severe speech and language disorder.

Improvement by a hearing aid, as predicted by the testing procedure, must be demonstrated to be feasible in that child, since younger children may be unable to use a hearing aid effectively.

The type of audiometric testing performed must be described and a copy of the results must be included. The pure tone air conduction hearing levels in 102.08 are based on American National Standard Institute Specifications for Audiometers, S3.6-1969 (ANSI-1969). The report should indicate the specifications used to calibrate the audiometer.

The finding of a severe impairment will be based on the average hearing levels at 500, 1000, 2000, and 3000 Hertz (Hz) in the better ear, and on speech discrimination, as specified in 102.08.

102.01 CATEGORY OF IMPAIRMENTS, SPECIAL SENSE ORGANS

102.02 Impairments of central visual acuity.

A. Remaining vision in the better eye after best correction is 20/200 or less; or

B. For children below 3 years of age at time of adjudication:

1. Absence of accommodative reflex (see 102.00A for exclusion of children under 6 months of age); or
2. Retrolental fibroplasia with macular scarring or neovascularization; or
3. Bilateral congenital cataracts with visualization of retinal red reflex only or when associated with other ocular pathology.

102.08 Hearing impairments.

A. For children below 5 years of age at time of adjudication, inability to hear air conduction thresholds at an average of 40 decibels (db) hearing level or greater in the better ear; or

B. For children 5 years of age and above at time of adjudication:

1. Inability to hear air conduction thresholds at an average of 70 decibels (db) or greater in the better ear; or
2. Speech discrimination scores at 40 percent or less in the better ear; or
3. Inability to hear air conduction thresholds at an average of 40 decibels (db) or greater in the better ear, and a speech and language disorder which significantly affects the clarity and content of the speech and is attributable to the hearing impairment.

103.00 RESPIRATORY SYSTEM

A. **Documentation of pulmonary insufficiency.** The reports of spirometric studies for evaluation under Table I must be expressed in liters (BTPS). The reported Forced Expiratory Volume (FEV) should represent the largest of at least three satisfactory attempts. The appropriately labeled spirometric tracing of three FEV maneuvers must be submitted with the report, showing distance per second on the abscissa and distance per liter on the ordinate. The unit distance for volume on the tracing should be at least 15 mm. per liter and the paper speed at least 20 mm. per second. The height of the individual without shoes must be recorded.

The ventilatory function studies should not be performed during or soon after an acute episode or exacerbation of a respiratory illness. In the presence of acute bronchospasm, or where the FEV is less than that stated in Table I, the studies should be repeated after the administration of a nebulized bronchodilator. If a bronchodilator was not used in such instances, the reason should be stated in the report.

A statement should be made as to the child's ability to understand directions and to cooperate in performance of the test, and should include an evaluation of the child's effort. When tests cannot be performed or completed, the reason (such as a child's young age) should be stated in the report.

B. **Cystic Fibrosis.** This section discusses only the pulmonary manifestations of cystic fibrosis. Other manifestations, complications or associated disease must be evaluated under the appropriate section.

The diagnosis of cystic fibrosis will be based upon appropriate history, physical examination and pertinent laboratory findings. Confirmation based upon elevated concentration of sodium or chloride in the sweat should be included, with indication of the technique used for collection and analysis.

103.01 CATEGORY OF IMPAIRMENTS, RESPIRATORY

103.03 **Bronchial asthma.** With evidence of progression of the disease despite therapy and documented by one of the following:

A. Recent, recurrent intense asthmatic attacks requiring parenteral medication; or

B. Persistent prolonged expiration with wheezing between acute attacks and radiographic findings of peribronchial disease.

103.13 **Pulmonary manifestations of cystic fibrosis with:**

A. FEV equal to or less than the values specified in Table I (see 103.00A for requirements of ventilatory function testing); or

B. For children where ventilatory function testing cannot be performed:

1. History of dyspnea on mild exertion or chronic frequent productive cough; and
2. Persistent or recurrent abnormal breath sounds, bilateral rales or rhonchi; and
3. Radiographic findings of extensive disease with hyperaeration and bilateral peribronchial infiltration.

Table I

Height (in centimeters)	FEV equal to or less than (L, BTPS)
110 or less	0.6
120	0.7
130	0.9
140	1.1
150	1.3
160	1.5
170 or more	1.6

104.00 CARDIOVASCULAR SYSTEM

A. **General.** Evaluation should be based upon history, physical findings and appropriate laboratory data. Reported abnormalities should be consistent with the pathologic diagnosis. The actual electrocardiographic tracing, or an adequate marked photocopy, must be included. Reports of other pertinent studies necessary to substantiate the diagnosis or describe the severity of the impairment must also be included:

B. **Evaluation of cardiovascular impairment in children** requires two steps:

1. The delineation of a specific cardiovascular disturbance, either congenital or acquired. This may include arterial or venous disease, rhythm disturbance, or disease involving the valves, septa, myocardium or pericardium; and
2. Documentation of the severity of the impairment, with medically determinable and consistent cardiovascular signs, symptoms and laboratory data. In cases where impairment characteristics are questionably secondary to the cardiovascular disturbance, additional documentation of the severity of the impairment (e.g., catheterization data, if performed) will be necessary.

C. **Chest roentgenogram** (6 ft. PA film) will be considered indicative of cardiomegaly if:

1. The cardiothoracic ratio is over 60 percent at age one year or less, or 55 percent at more than one year of age; or
2. The cardiac size is increased over 15 percent from any prior chest roentgenograms; or

3. Specific chamber of vessel enlargement is documented in accordance with established criteria.

D. **Tables I, II, and III** below are designed for case adjudication and not for diagnostic purposes. The adult criteria may be useful for older children and should be used when applicable.

E. **Rheumatic fever**, as used in this section, assumes diagnosis made according to the revised Jones Criteria.

104.01 CATEGORY OF IMPAIRMENTS, CARDIOVASCULAR

104.02 **Chronic congestive failure with two or more of the following signs:**

A. Tachycardia (see Table I).

B. Tachypnea (see Table II).

C. Cardiomegaly on chest roentgenogram (see 104.00C).

D. Hepatomegaly (more than 2 cm. below the right costal margin in the right midclavicular line).

E. Evidence of pulmonary edema, such as rales or orthopnea.

F. Dependent edema.

G. Exercise intolerance manifested as labored respiration on mild exertion (e.g., in an infant, feeding).

Table I -- Tachycardia at Rest

Age	Apical Heart (beats per minutes)
Under 1 year	150
1 through 3 years	130
4 through 9 years	120
10 through 15 years	110
Over 15 years	100

Table II -- Tachypnea at Rest

Age	Respiratory rate over (per minute)
Under 1 year	40
1 through 5 years	35
6 through 9 years	30
Over 9 years	25

104.03 **Hypertensive cardiovascular disease with persistently elevated blood pressure for age (see Table III) and one of the following:**

A. Impaired renal function as described under the criteria in 106.02; or

B. Cerebrovascular damage as described under the criteria in 111.06; or

C. Congestive heart failure as described under the criteria in 104.02.

Table III -- Elevated Blood Pressure

Age	S (over)	Diastolic (over) in
	mm.	mm.
Under 6 months	95	60
6 months to 1 year	110	70
1 through 8 years	115	80
9 through 11 years	120	80
12 through 15 years	130	80
Over 15 years	140	80

104.04 Cyanotic congenital heart disease.

With one of the following:

A. Surgery is limited to palliative measures; or

B. Characteristic squatting, hemoptysis, syncope, or hypercyanotic spells; or

C. Chronic hematocrit of 55 percent or greater or arterial O_2 saturation of less than 90 percent at rest, or arterial oxygen tension of less than 60 Torr at rest.

104.05 Cardiac arrhythmia, such as persistent or recurrent heart block of A-V dissociation (with or without therapy). And one of the following:

A. Cardiac syncope; or

B. Congestive heart failure as described under the criteria in 104.02; or

C. Exercise intolerance with labored respirations on mild exertion (e.g., in infants, feeding).

104.07 Cardiac syncope with at least one documented syncopal episode characteristic of specific cardiac disease (e.g., aortic stenosis).

104.08 Recurrent hemoptysis. Associated with either pulmonary hypertension or extensive bronchial collaterals due to documented chronic cardiovascular disease.

104.09 Chronic rheumatic fever or rheumatic heart disease with:

A. Persistence of rheumatic fever activity for 6 months or more, with significant murmur(s), cardiomegaly (see 104.00C), and other abnormal laboratory findings (such as elevated sedimentation rate or electrocardiographic findings); or

B. Congestive heart failure as described under the criteria in 104.02.

105.00 DIGESTIVE SYSTEM

A. Disorders of the digestive system which result in disability usually do so because of interference with nutrition and growth, multiple recurrent inflammatory lesions or other complications of the disease. Such lesions or complications usually respond to treatment. To constitute a listed impairment, these must be shown to have persisted or be expected to persist despite prescribed therapy for a continuous period of at least 12 months.

B. Documentation of gastrointestinal impairments should include pertinent operative findings, radiographic studies, endoscopy and biopsy reports. Where a liver biopsy has been performed in chronic liver disease, documentation should include the report of the biopsy.

C. Growth retardation and malnutrition. When the primary disorder of the digestive tract has been documented, evaluate resultant malnutrition under the criteria described in 105.08. Evaluate resultant growth impairment under the criteria described in 100.03. Intestinal disorders, including surgical diversions and potentially correctable congenital lesions, do not represent a severe impairment if the individual is able to maintain adequate nutrition growth and development.

D. Multiple congenital anomalies. See related criteria, and consider as a combination of impairments.

105.01 CATEGORY OF IMPAIRMENTS, DIGESTIVE

105.03 Esophageal obstruction, caused by atresia, stricture, or stenosis with malnutrition as described under the criteria in 105.08.

105.05 Chronic liver disease. With one of the following:

A. Inoperable billiary atresia demonstrated by X-ray or surgery; or

B. Intractable ascites not attributable to other causes, with serum albumin of 3.0 gm./100 ml. or less; or

C. Esophageal varices (demonstrated by angiography, barium swallow or endoscopy or by prior performance of a specific shunt or plication procedure); or

D. Hepatic coma, documented by findings from hospital records; or

E. Hepatic encephalopathy. Evaluate under the criteria in 112.02; or

F. Chronic active inflammation or necrosis documented by SGOT persistently more than 100 units or serum bilirubin of 2.5 mg. percent or greater.

105.07 Chronic inflammatory bowel disease (such as ulcerative colitis, regional enteritis), as documented in 105.00. With one of the following:

A. Intestinal manifestations or complications, such as obstruction, abscess or fistula formation which has lasted or is expected to last 12 months; or

B. Malnutrition as described under the criteria in 105.08; or

C. Growth impairment as described under the criteria in 100.03.

105.08 **Malnutrition, due to demonstrable gastrointestinal disease causing either a fall of 15 percentiles of weight which persists or the persistence of weight which is less than the third percentile (on standard growth charts).** And one of the following:

A. Stool fat excretion per 24 hours:

1. More than 15 percent in infants less than 6 months.
2. More than 10 percent in infants 6-18 months.
3. More than 6 percent in children more than 18 months; or

B. Persistent hematocrit of 30 percent or less despite prescribed therapy; or

C. Serum carotene of 40 mcg./100 ml. or less; or

D. Serum albumin of 3.0 gm./100 ml. or less.

106.00 GENITO-URINARY SYSTEM

A. **Determination of the presence** of chronic renal disease will be based upon the following factors:

1. History, physical examination and laboratory evidence of renal disease.
2. Indications of its progressive nature or laboratory evidence of deterioration of renal function.

B. **Renal transplant.** The amount of function restored and the time required to effect improvement depend upon various factors including adequacy of post transplant renal function, incidence of renal infection, occurrence of rejection crisis, presence of systemic complications (anemia, neuropathy, etc.) and side effects of corticosteroid or immuno-suppressive agents. A period of at least 12 months is required for the individual to reach a point of stable medical improvement.

C. Evaluate associated disorders and complications according to the appropriate body system listing.

106.01 CATEGORY OF IMPAIRMENTS, GENITO-URINARY

106.02 Chronic renal disease with:

A. Persistent elevation of serum creatinine to 3 mg. per deciliter (100 ml.) or greater over at least 3 months; or

B. Reduction of creatinine clearance to 30 ml. per minute (43 liters/24 hours) per 1.73 m^2 of body surface area over at least 3 months; or

C. Chronic renal dialysis program for irreversible renal failure; or

D. Renal transplant. Consider under a disability for 12 months following surgery; thereafter, evaluate the residual impairment (see 106.00B).

106.06 Nephrotic syndrome, with edema not controlled by prescribed therapy. And:

A. Serum albumin less than 2 gm./100 ml.; or

B. Proteinuria more than 2.5 gm./1.73 m^2/day.

107.00 HEMIC AND LYMPHATIC SYSTEM

A. **Sickle cell disease** refers to a chronic hemolytic anemia associated with sickle cell hemoglobin, either homozygous or in combination with thalassemia or with another abnormal hemoglobin (such as C or F). Appropriate hematologic evidence for sickle cell disease, such as hemoglobin electrophoresis must be included. Vaso-occlusive, hemolytic, or aplastic episodes should be documented by description of severity, frequency and duration.

   Disability due to sickle cell disease may be solely the result of a severe, persistent anemia or may be due to the combination of chronic progressive or episodic manifestations in the presence of a less severe anemia.

   Major visceral episodes causing disability include meningitis, osteomyelitis, pulmonary infections or infarctions, cerebrovascular accidents, congestive heart failure, genitourinary involvement, etc.

B. **Coagulation defects.** Chronic inherited coagulation disorders must be documented by appropriate laboratory evidence such as abnormal thromboplastin generation, coagulation time or factor assay.

C. **Acute leukemia.** Initial diagnosis of acute leukemia must be based upon definitive bone marrow pathologic evidence. Recurrent disease may be documented by peripheral blood, bone marrow or cerebrospinal fluid examination. The pathology report must be included.

   The designated duration of disability implicit in the finding of a listed impairment is contained in 107.11. Following the designated time period, a documented diagnosis itself is no longer sufficient to establish a severe impairment. The severity of any remaining impairment must be evaluated on the basis of the medical evidence.

107.01 CATEGORY OF IMPAIRMENTS, HEMIC AND LYMPHATIC

107.03 **Hemolytic anemia (due to any cause).** Manifested by persistence of hematocrit of 26 percent or less despite prescribed therapy and reticulocyte count of 4 percent or greater.

107.05 **Sickle cell disease with:**

A. Recent, recurrent, severe vaso-occlusive crises (musculoskeletal, vertebral, abdominal); or

B. A major visceral complication in the 12 months prior to application; or

C. A hyperhemolytic or aplastic crisis within 12 months prior to application; or

D. Chronic, severe anemia with persistence of hematocrit of 26 percent or less; or

E. Congestive heart failure, cerebrovascular damage, or emotional disorder as described under the criteria in 104.02, 111.00ff, or 112.00ff.

107.06 **Chronic idiopathic thrombocytopenic purpura of childhood** with purpura and thrombocytopenia of 40,000 platelets/cu. mm. or less despite prescribed therapy of recurrent upon withdrawal of treatment.

107.08 **Inherited coagulation disorder with:**

A. Repeated spontaneous or inappropriate bleeding; or

B. Hemarthrosis with joint deformity.

107.11 **Acute leukemia.** Consider under a disability:

A. For 2 ½ years from the time of initial diagnosis; or

B. For 2 ½ years from the time or recurrence of active disease.

109.00 ENDOCRINE SYSTEM

A. **Cause of disability.** Disability is caused by a disturbance in the regulation of the secretion or metabolism of one or more hormones which are not adequately controlled by therapy. To constitute a listed impairment these must be shown to have persisted or be expected to persist despite prescribed therapy for a continuous period of at least 12 months.

B. **Growth.** Normal growth is usually a sensitive indicator of health as well as of adequate therapy in children. Impairment of growth may be disabling in itself or may be an indicator of a severe disorder involving the

endocrine system or other body systems. Where involvement of other organ systems has occurred as a result of a primary endocrine disorder, these impairments should be evaluated according to the criteria under the appropriate sections.

C. **Documentation.** Description of characteristic history, physical findings, and diagnostic laboratory data must be included. Results of laboratory tests will be considered abnormal if outside the normal range or greater than two standard deviations from the mean of the testing laboratory. Reports in the file should contain the information provided by the testing laboratory as to their normal values for that test.

D. **Hyperfunction of the adrenal cortex.** Evidence of growth retardation must be documented as described in 100.00. Elevated blood or urinary free cortisol levels are not acceptable in lieu of urinary 17-hydroxycorticosteroid excretion for the diagnosis of adrenal cortical hyperfunction.

E. **Adrenal cortical insufficiency.** Documentation must include persistent low plasma cortisol or low urinary 17-hydroxycorticosteroids or 17-ketogenic steroids and evidence of unresponsiveness to ACTH stimulation.

109.01 CATEGORY OF IMPAIRMENTS, ENDOCRINE

109.02 **Thyroid Disorders.**

A. Hyperthyroidism (as documented in 109.00C) with clinical manifestations despite prescribed therapy, and one of the following:

1. Elevated serum thyroxine (T_4) and either elevated free T_4 or resin T_3 uptake; or
2. Elevated thyroid uptake of radioiodine; or
3. Elevated serum triiodothyronine (T_3).

B. Hypothyroidism with one of the following, despite prescribed therapy:

1. IQ of 69 or less; or
2. Growth impairment as described under the criteria in 100.02 A and B; or
3. Precocious puberty.

109.03 Hyperparathyroidism (as documented in 109.00C) with:

A. Repeated elevated total or ionized serum; or

B. Elevated serum parathyroid hormone.

109.04 Hypoparathyroidism or Pseudohypoparathyroidism with:

A. Severe recurrent tetany or convulsions which are unresponsive to prescribed therapy; or

B. Growth retardation as described under criteria in 100.02 A and B.

109.05 Diabetes insipidus, documented by pathologic hypertonic saline or water deprivation test. And one of the following:

A. Intracranial space-occupying lesion, before or after surgery; or

B. Unresponsiveness to Pitressin; or

C. Growth retardation as described under the criteria in 100.02 A and B; or

D. Unresponsive hypothalamic thirst center, with chronic or recurrent hypernatremia; or

E. Decreased visual fields attributable to a pituitary lesion.

109.06 Hyperfunction of the adrenal cortex (primary or secondary) with:

A. Elevated urinary 17-hyroxycortico-steroids (or 17-ketogenic steroids) as documented in 109.00 C and D; and

B. Unresponsiveness to low-dose dexamethasone suppression.

109.07 Adrenal cortical insufficiency (as documented in 109.00 C and E) with recent, recurrent episodes of circulatory collapse.

109.08 Juvenile diabetes mellitus (as documented in 109.00C) requiring parenteral insulin. And one of the following, despite prescribed therapy:

A. Recent, recurrent hospitalizations with acidosis; or

B. Recent, recurrent episodes of hypoglycemia; or

C. Growth retardation as described under the criteria in 100.02 A or B; or

D. Impaired renal function as described under the criteria in 106.00ff.

109.09 Iatrogenic hypercorticoid state with chronic glucocorticoid therapy resulting in one of the following:

A. Osteoporosis; or

B. Growth retardation as described under the criteria in 100.02 A or B; or

C. Diabetes mellitus as described under the criteria in 109.08; or

D. Myopathy as described under the criteria in 111.06; or

E. Emotional disorder as described under the criteria in 112.00ff.

109.10 **Pituitary dwarfism (with documented growth hormone deficiency).** And

growth impairment as described under the criteria in 100.02B.

109.11 Adrenogenital syndrome with:

A. Recent, recurrent self-losing episodes despite prescribed therapy; or

B. Inadequate replacement therapy manifested by accelerated bone age and virilization, or

C. Growth impairment as described under the criteria in 100.02 A or B.

109.12 Hypoglycemia (as documented in 109.00C) with recent, recurrent hypoglycemic episodes producing convulsion or coma.

109.13 Gonadal Dysgenesis (Turner's Syndrome), chromosomally proven. Evaluate the resulting impairment under the criteria for the appropriate body system.

110.00 MULTIPLE BODY SYSTEMS

A. Catastrophic congenital abnormalities or disease. This section refers only to very serious congenital disorders, diagnosed in the newborn or infant child.

B. Immune deficiency diseases. Documentation of immune deficiency disease must be submitted, and may include quantitative immunoglobulins, skin tests for delayed hypersensitivity, lymphocyte stimulative tests and measurements of cellular immunity mediators.

110.01 CATEGORY OF IMPAIRMENTS, MULTIPLE BODY SYSTEM

110.08 Catastrophic congenital abnormalities or disease with:

A. A positive diagnosis (such as anencephaly, trisomy D or E, cyclopia, etc.), generally retarded as being incompatible with extrauterine life; or

B. A positive diagnosis (such as cri du chat, Tay-Sachs Disease) wherein attainment of the growth and development level of 2 years is not expected to occur.

110.09 Immune deficiency disease.

A. Hypogammaglobulinemia or dysgammaglobulinemia with:

1. Recent, recurrent sever infections; or
2. A complication such as growth retardation, chronic lung disease, collagen disorder or tumors.

E. Thymic dysplastic syndromes (such as Swiss, DiGeorge).

111.00 NEUROLOGICAL

A. **Seizure disorder** must be substantiated by at least one detailed description of a typical seizure. Report of recent documentation should include an electroencephalogram and neurological examination. Sleep EEG is preferable, especially with temporal lobe seizures. Frequency of attacks and any associated phenomena should also be substantiated.

Young children may have convulsions in association with febrile illnesses. Proper use of 111.02 and 111.03 requires that a seizure disorder be established. Although this does not exclude consideration of seizures occurring during febrile illnesses, it does require documentation of seizures during nonfebrile periods.

There is an expected delay in control of seizures when treatment is started, particularly when changes in the treatment regimen are necessary. Therefore, a seizure disorder should not be considered to meet the requirements of 111.02 or 111.03 unless it is shown that seizures have persisted more than three months after prescribed therapy began.

B. **Minor motor seizures.** Classical petit mal seizures must be documented by characteristic EEG pattern, plus information as to age at onset and frequency of clinical seizures. Myoclonic seizures, whether of the typical infantile or Lennox-Gastaut variety after infancy, must also be documented by the characteristic EEG pattern plus information as to age at onset and frequency of seizures.

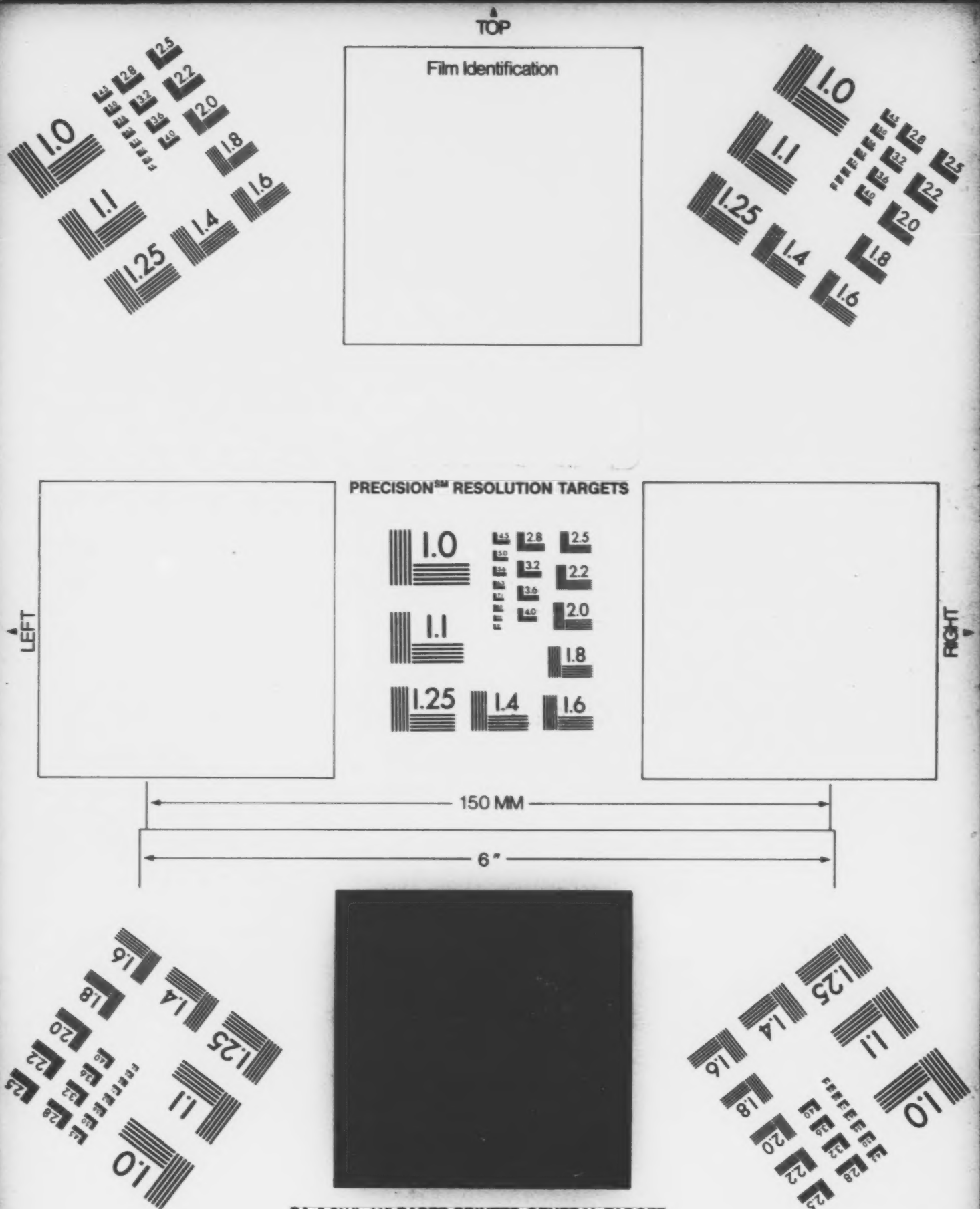
C. **Motor dysfunction.** As described in 111.06, motor dysfunction may be due to any neurological disorder. It may be due to static or progressive conditions involving any area of the nervous system and producing any type of neurological impairment. This may include weakness, spasticity, lack of coordination, ataxia, tremor, athetosis, or sensory loss. Documentation of motor dysfunction must include neurologic findings and description of type of neurologic abnormality (e.g., spasticity, weakness), as well as a description of the child's functional impairment (i.e., what the child is unable to do because of the abnormality). Where a diagnosis has been made, evidence should be included for substantiation of the diagnosis (e.g., blood chemistries and muscle biopsy reports), where applicable.

D. **Impairment of communication.** The documentation should include a description of a recent comprehensive evaluation, including all areas of affective and effective communication, performed by a qualified professional.

111.01 CATEGORY OF IMPAIRMENT, NEUROLOGICAL

111.02 Major motor seizure disorder.

A. Major motor seizures. In a child with an established seizure disorder,



PA-3 8½"x11" PAPER PRINTED GENERAL TARGET

the occurrence of more than one major motor seizure per month despite at least three months of prescribed treatment with:

1. Daytime episodes (loss of consciousness and convulsive seizures); or
2. Nocturnal episodes manifesting residuals which interfere with activity during the day.

B. **Major motor seizures.** In a child with an established seizure disorder, the occurrence of at least one major motor seizure in the year prior to application despite at least three months of prescribed treatment. And one of the following:

1. IQ of 69 or less; or
2. Significant interference with communication due to speech, hearing or visual defect; or
3. Significant emotional disorder; or
4. Where significant adverse effects of medication interfere with major daily activities.

111.03 **Minor motor seizure disorder.** In a child with an established seizure disorder, the occurrence of more than one minor motor seizure per week, with alteration of awareness or loss of consciousness, despite at least three months of prescribed treatment.

111.05 **Brain tumors.**

A. **Malignant** gliomas (astrocytoma--Grades III and IV, glioblastoma multiforme), medulloblastoma, ependymoblastoma, primary sarcoma or brain stem gliomas; or

B. Evaluate other brain tumors under the criteria for the resulting neurological impairment.

111.06 **Motor dysfunction (due to any neurological disorder).** Persistent disorganization or deficit of motor function for age involving two extremities, which (despite prescribed therapy) interferes with age-appropriate major daily activities and results in disruption of:

A. Fine and gross movements; or

B. Gait and station.

111.07 **Cerebral palsy.** With:

A. Motor dysfunction meeting the requirements of 111.06 or 111.03; or

B. Less severe motor dysfunction (but more than slight) and one of the following:

1. IQ of 69 or less; or
2. Seizure disorder, with at least one major motor seizure in the year prior to application; or

3. Significant interference with communication due to speech, hearing or visual defect; or
4. Significant emotional disorder.

111.08 Meningomyelocele (and related disorders). With one of the following despite prescribed treatment:

A. Motor dysfunction meeting the requirements of 111.03 or 111.06; or

B. Less severe motor dysfunction (but more than slight), and:

1. Urinary or fecal incontinence when inappropriate for age; or
2. IQ of 69 or less; or

C. Four extremity involvement; or

D. Noncompensated hydrocephalus producing interference with mental or motor developmental progression.

111.09 Communication impairment, associated with documented neurological disorder. And one of the following:

A. Documented speech deficit which significantly affects the clarity and content of the speech; or

B. Documented comprehension deficit resulting in ineffective verbal communication for age; or

C. Impairment of hearing as described under the criteria in 102.08.

112.00 MENTAL AND EMOTIONAL DISORDERS

A. **Introduction.** This section is intended primarily to describe mental and emotional disorders of young children. The criteria describing medically determinable impairments in adults should be used where they clearly appear to be more appropriate.

B. **Mental retardation. General.** As with any other impairment, the necessary evidence consists of symptoms, signs and laboratory findings which provide medically demonstrable evidence of impairment severity. Standardized intelligence test results are essential to the adjudication of all cases of mental retardation that are not clearly covered under the provisions of 112.05A. Developmental milestone criteria may be the sole basis of adjudication only in cases where the child's young age and/or condition preclude formal standardized testing by a psychologist of psychiatrist experienced in testing children.

Measures of intellectual functioning. Standardized intelligence tests, such as the Wechsler Preschool and Primary Scale of Intelligence (WPPSI), the Wechsler Intelligence Scale for Children-Revised (WISC-R), the Revised Stanford-Binet Scale, and the McCarthy Scales of Children's Abilities,

should be used where possible. Key data such as subtest scores should also be included in the report. Tests should be administered by a qualified and experienced psychologist or psychiatrist, and any discrepancies between formal test results and the child's customary behavior and daily activities should be duly noted and resolved.

Developmental milestone criteria. In the event that a child's young age and/or condition preclude formal testing by a psychologist or psychiatrist experienced in testing children, a comprehensive evaluation covering the full range of developmental activities should be performed. This should consist of a detailed account of the child's daily activities together with direct observations by a professional person; the latter should include indices or manifestations of social, intellectual, adaptive, verbal, motor (posture, locomotion, manipulation), language, emotional and self-care development for age. The above should then be related by the evaluating or testing physician to established developmental norms of the kind found in any widely used standard pediatrics text.

C. **Profound combined mental-neurological-musculoskeletal impairments.** There are children with profound and irreversible brain damage resulting in total incapacitation. Such children may meet criteria in either neurological, musculoskeletal and/or mental sections; they should be adjudicated under the criteria most completely substantiated by the medical evidence submitted. Frequently, the most appropriate criteria will be found under the mental impairment section.

112.01 CATEGORY OF IMPAIRMENTS, MENTAL AND EMOTIONAL

112.02 **Chronic brain syndrome.** With arrest of developmental progression for at least six months or loss of previously acquired abilities.

112.03 **Psychosis of infancy and childhood.** Documented by psychiatric evaluation and supported, if necessary, by the results of appropriate standardized psychological tests and manifested by marked restriction in the performance of daily age-appropriate activities; constriction of age-appropriate interests; deficiency of age-appropriate self-care skills; and impaired ability to relate to others; together with persistence of one (or more) of the following:

A. Significant withdrawal or detachment; or

B. Impaired sense of reality; or

C. Bizarre behavior patterns; or

D. Strong need for maintenance of sameness, with intense anxiety, fear or anger when change is introduced; or

E. Panic at threat of separation from parent.

112.04 **Functional nonpsychotic disorders.** Documented by psychiatric

evaluation and supported, if necessary, by the results of appropriate standardized psychological tests and manifested by marked restriction in the performance of daily age-appropriate activities; constriction of age-appropriate interests; deficiency of age-appropriate self-care skills; and impaired ability to relate to others; together with persistence of one (or more) of the following:

A. Psychophysiological disorder (e.g., diarrhea, asthma); or

B. Anxiety; or

C. Depression; or

D. Phobic, obsessive or compulsive behavior; or

E. Hypochondriasis; or

F. Hysteria; or

G. Asocial or antisocial behavior.

112.05 Mental retardation.

A. Achievement of only those developmental milestones generally acquired by children no more than one-half the child's chronological age; or

B. IQ of 59 or less; or

C. IQ of 60-69, inclusive, and a physical or other mental impairment imposing additional and significant restriction of function or developmental progression.

113.00 NEOPLASTIC DISEASES, MALIGNANT

A. Introduction. Determination of disability in the growing and developing child with a malignant neoplastic disease is based upon the combined effects of:

1. The pathophysiology, histology and natural history of the tumor; and
2. The effects of the currently employed aggressive multimodal therapeutic regimens.

Combinations of surgery, radiation and chemotherapy or prolonged therapeutic schedules impart significant additional morbidity to the child during the period of greatest risk from the tumor itself. This period of high risk and greatest therapeutically-induced morbidity defines the limits of disability for most of childhood neoplastic disease.

B. Documentation. The diagnosis of neoplasm should be established on the basis of symptoms, signs and laboratory findings. The site of the primary, recurrent and metastatic lesion must be specified in all cases of malignant neoplastic diseases. If an operative procedure has been performed, the evidence should include a copy of the operative note and the report of the gross and microscopic examination of the surgical

specimen, along with all pertinent laboratory and X-ray reports. The evidence should also include a recent report directed especially at describing whether there is evidence of local or regional recurrence, soft part or skeletal metastases, and significant post therapeutic residuals.

C. Malignant solid tumors, as listed under 113.03, include the histiocytosis syndromes except for solitary eosinophilic granuloma. Thus, 113.03 should not be used for evaluating brain tumors (see 111.05) or thyroid tumors, which must be evaluated on the basis of whether they are controlled by prescribed therapy.

D. Duration of disability from malignant neoplastic tumors is included in 113.02 and 113.03. Following the time periods designated in these sections, a documented diagnosis itself is no longer sufficient to establish a severe impairment. The severity of a remaining impairment must be evaluated on the basis of the medical evidence.

113.01 CATEGORY OF IMPAIRMENTS, NEOPLASTIC DISEASES--MALIGNANT

113.02 Lymphoreticular malignant neoplasms.

A. Hodgkin's disease with progressive disease not controlled by prescribed therapy; or

B. Non-Hodgkin's lymphoma. Consider under a disability:

1. For 2 ½ years from time of initial diagnosis; or
2. For 2 ½ years from time or recurrence of active disease.

113.03 Malignant solid tumors. Consider under a disability:

A. For 2 years from the time of initial diagnosis; or

B. For 2 years from the time of recurrence of active disease.

113.04 Neuroblastoma. With with one of the following:

A. Extension across the midline; or

B. Distant metastases; or

C. Recurrence; or

D. Onset at age 1 year or older.

113.05 Retinoblastoma. With one of the following:

A. Bilateral involvement; or

B. Metastases; or

C. Extension beyond the orbit; or

D. Recurrence.

Reprinted from: "Disability Evaluation Under Social Security," United States Department of Health and Human Services, Social Security Administration, SSA Publication No. 05-10089, February, 1986.

APPENDIX F

Social Security Administration
Regional Office Location

MANAGER/ADDRESS	COUNTIES SERVED
Tom Pollard 6th & Kellogg P. O. Box 1608 Ames, IA 50010	Boone, Dallas, Story
Robert Housewright 3012 Division Street P. O. Box 638 Burlington, IA 52601	Des Moines, Henry, Lee, Louisa
Laurence E. Clark 715 N. Clark Street P. O. Box 158 Carroll, IA 51401	Audbon, Carroll, Crawford, Greene, Guthrie, Shelby
Pat Gaffigan 1241 Park Plance, N.E. Cedar Rapids, IA 52402	Benton, Iowa, Jones, Linn
David A. Grimm 226 Fourth Avenue, South Clinton, IA 52732	Clinton
James Yenck 103 North Avenue, Suite 8 P. O. Box 396 Council Bluffs, IA 51502	Fremont, Harrison, Mills, Pottawattamie
Donald Hall 213 N. Elm Street P. O. Box 106 Creston, IA 50801	Adair, Adams, Cass, Clarke, Decatur, Madison, Montgomery, Page, Ringgold, Taylor, Union

MANAGER/ADDRESS	COUNTIES SERVED
Myron Rice Room 114, Federal Building 131 East Fourth Street Davenport, IA 52801	Cedar, Muscatine, Scott,
Maurice Lenz 120 West Water Street P. O. Box 410 Decorah, IA 52101	Alamakee, Chickasaw, Howard, Winneshiek
William R. Durst Federal Building, Room 293 210 Walnut Street Des Moines, IA 50309	Polk, Warren
Phil Callahan Post Office Building, Room 332 6th and Locust Street P. O. Box 818 Dubuque, IA 52001	Clayton, Delaware, Dubuque, Jackson
John Hale Federal Building, Room 202 P. O. Box 997 Fort Dodge, IA 50501	Calhoun, Hamilton, Humboldt, Kossuth, Pocahontas, Webster, Wright
James W. Higgins 400 South Clinton P. O. Box 2630 Iowa City, IA 52240	Johnson, Washington
Gerald C. Haley 202 West State Street P. O. Box 477 Marshalltown, IA 50158	Jasper, Marshall, Poweshiek, Tama
Darleen Chipman 208 North Adams Mason City, IA 50401	Cerro Gordo, Floyd, Hancock, Mitchell, Winnebago, Worth, Franklin

MANAGER/ADDRESS	COUNTIES SERVED
(vacant) 301 1/2 High Avenue East Oskaloosa, IA 52577	Keokuk, Mahaska, Marion
David Bensley 1301 North Elm P. O. Box 458 Ottumwa, IA 52501	Appanoose, Davis, Jefferson, Lucas, Monroe, Van Buren, Wapello, Wayne
Robert L. Andersen 420 Jackson Street P. O. Box 113 Sioux City, IA 51101	NE: Dakota, Dixon, Thurston IA: Lyon, Monona, Plymouth, Sioux, Woodbury SD: Union
Eldon A. Kopel 304 1/2 11th Street SW Plaza P. O. Box 3088 Spencer, IA 51301	Clay, Dickinson, Emmet, O'Brien, Osceola, Palo Alto
Oren Knoffloch 609 Flindt Drive P. O. Box 1267 Storm Lake, IA 50588	Buena Vista, Cherokee, Ida, Sac
Paul Cunningham 904 West 4th Street Waterloo, Iowa 50702	Blackhawk, Bremer, Buchanan, Butler, Fayette, Franklin, Grundy, Hardin

APPENDIX G

Medically Needy Income Guidelines

Resources

If your Medically Needy eligibility relates to the ADC Program or the Child Medical Assistance Program (CMAP), your resources may not exceed $10,000. Countable resources for ADC-related or CMAP-related persons include but are not limited to the following monetary resources: cash, checking accounts, savings accounts, stocks, bonds or certificates of deposit. Qualifying Medicaid trusts shall be considered toward the $10,000 resource limit for ADC and CMAP-related individuals. Internal Revenue Service defined retirement plans, i.e. IRAs, Keough Plans, are excluded.

If your Medically Needy eligibility relates to the SSI Program, your resources may not exceed $5,000 for an individual or $7,500 for two or more persons. Countable resources for SSI-related individuals are things you own, such as real estate you are not living on, personal property, savings and checking accounts, cash, or stocks and bonds. The value of your car and any life insurance policies are considered in determining the amount of your resources. Qualifying Medicaid trusts shall be considered toward the resource limit for SSI-related individuals.

Income

The earned and unearned income of all responsible relatives (parents, stepparents) and of all other potentially eligible family members is counted. ADC income policies are used if you would be eligible for ADC or Child Medical Assistance except for income or resources. SSI income policies are used if you would be eligible for SSI except for income or resources.

Medically Needy Income Level

The Medically Needy Income Level is based on 133% of the ADC payment based on family size.

Number of Persons	Medically Needy Income Level
1	$466 per month
2	466 per month
3	550 per month
4	633 per month
5	708 per month
6	783 per month
7	858 per month
8	941 per month
9	1,016 per month
10	1,108 per month

For each additional person add $116.
(Effective July, 1989 and may change yearly.)

If your total net countable income is equal to or less than the Medically Needy Income Level (MNIL), members of your family who are Medically Needy who are eligible to qualify for Medicaid.

If your total net countable income exceeds the total MNIL, members of your family who are Medically Needy eligible may still qualify for Medicaid through the Medically Needy program if you have medical bills which reduce your income down to the Medically Needy Income Level. This is called a spenddown or deductible.

APPENDIX H

Definitions of Long Term Care Facilities Level of Care

Skilled Nursing Facility (SNF) - means any institution, place, building or agency providing for a period exceeding 24 consecutive hours accommodation, board and nursing services, the need for which is certified by a physician, to three or more individuals not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of illness, disease or physical or mental infirmity require continuous nursing care services and related medical services, but do not require hospital care. The nursing care services provided must be under the direction of a registered nurse on a 24-hours-per-day basis.

Intermediate Care Facility (ICF) - means any institution, place, building or agency providing for a period exceeding 24 consecutive hours accommodation, board and nursing services, the need for which is certified by a physician, to three or more individuals not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of illness, disease or physical or mental infirmity require nursing services which can be provided only under the direction of a registered nurse or a licensed practical nurse.

Intermediate Care Facility/Mentally Retarded (ICF/MR) - means a primary facility providing active treatment for persons with mental retardation (e.g., Glenwood, Woodward).

APPENDIX I

Maternal Child Health (MCH)
Federal Poverty Guidelines

Eligibility for subsidized care is based upon annual family income and family size.

Family Size	100%	185% Poverty	250%	300%
1	$ 5,980	$11,063	$14,950	$17,940
2	8,020	14,837	20,050	24,060
3	10,060	18,611	25,150	30,180
4	12,100	22,385	30,250	36,300
5	14,140	26,159	35,350	42,420
6	16,180	29,933	40,450	48,540
7	18,220	33,707	45,550	54,660
8	20,260	37,481	50,650	60,780

For family units with more than eight members, add $2,040 for 100% and $3,774 for 185% for each additional member.

(Effective July 12, 1989 and may change yearly)

APPENDIX J

Maternal Child Health Clinic Locations

Funded by the Iowa Department of Public Health

Allen Memorial Hospital
Maternal Health
403 Sycamore, Suite #1
Waterloo, Iowa 50703
(319) 291-7104

American Home Finding Association
317 Vanness Avenue
Ottumwa, Iowa 52501
(515) 682-8784

Clayton County PHNS
County Office Building, Box 522
Elkader, Iowa 52043
(319) 245-1145

Community Medical Services
Family Planning and Prenatal Clinic
1616 Cedar Street, 2nd Floor
Muscatine, Iowa 52761
(319) 263-0122

Community Opportunities, Inc.
603 West Eighth Street
Carroll, Iowa 51401
(712) 792-9266

Florence Crittenton Home
1105 28th Street
Sioux City, Iowa 51104
(712) 255-4321

Harrison County PHNS
Courthouse
Logan, Iowa 51546

Hillcrest Family Services
2005 Asbury Road, Box 1160
Dubuque, Iowa 52001
(319) 583-7357

Iowa County Department of Health
R. R. #1, Box 15A
Williamsburg, Iowa 52361
(319) 668-1021

Lee County Health Department
933 Avenue H, Box 427
Ft. Madison, Iowa 52627
(319) 372-5225

Maternal Health Center
Bettendorf Bank Building
4th Floor, Suite 400
Duck Creek Plaza
852 Middle Road
Bettendorf, Iowa 52722
(319) 359-6633

MATURA Action Corporation
203 West Adams Street
Creston, Iowa 50801
(515) 782-8431

Mid-Iowa Community Action, Inc.
418 Marion Street
Remsen, Iowa 51050
(712) 786-2001

Mother & Child Wellness Program
Home Health Department
Grinnell General Hospital
4th Avenue & Reed Street
Grinnell, Iowa 50112
(515) 236-8154

North Iowa Community Action Program
300 15th Street, N.E.
Mason City, Iowa 50401
(515) 423-5044

Taylor County PHNS
Courthouse
Bedford, Iowa 50833
(712) 523-3405

Upper Des Moines Opportunities, Inc.
905 Lake Street, P. O. Box 98
Emmetsburg, Iowa 50536
(712) 852-3866

Visiting Nurse Association of
Council Bluffs
209 Pearl Street
Council Bluffs, Iowa 51501
(712) 328-2636

Warren County Health Department
215 W. Salem, Box 345
Indianola, Iowa 50125
(515) 961-1074

Washington County PHNS
314 McCreedy Drive
Washington, Iowa 52353
(319) 653-7758

Women's Health Services
300 Tucker Building
Clinton, Iowa 52732
(319) 243-1413

Your Own United Resources
612 1st Street, Box 428
Webster City, Iowa 50595
(515) 832-6451

Funded by Other Sources

Broadlawns Medical Center
Obstetrics Clinic
18th & Hickman Road
Des Moines, Iowa 50314
(515) 282-2340

St. Luke's Methodist Hospital
Obstetrics Clinic
1026 "A" Avenue, N.E.
Cedar Rapids, Iowa 52402
(319) 369-7416

University of Iowa Hospitals
and Clinics
Obstetrics Clinic
Iowa City, Iowa 52242
(319) 356-2294

APPENDIX K

Women, Infants and Children
Common Factors Which Produce Nutritional Risk

TABLE 1

Abnormal Growth
* weight or height < 5th or > 95th percentile
* abnormal gestational weight gain
* birth weight < 2500 grams

Low Hematocrit
* < 34% -- pregnant women, children 2-5 years
* < 37% -- breast feeding women
* < 31% -- infancy-2 years of age

Health Conditions
* previous reproductive history of high parity, toxemia, premature delivery, multiple birth, age < 18 or > 35 at conception
* chronic conditions, as diagnosed by a physician, which are influenced by inappropriate diet, e.g., hypertension, diabetes

Abnormal Dietary Pattern
* inadequate intake of nutrients
* excessive intake of nutrients
* excessive alcohol intake
* pica

Eligibility for the program is determined every 6 months.

APPENDIX L

Women, Infant and Children (WIC)
Federal Poverty Guidelines

Women who are pregnant and those who have a child under five years of age may receive nutritious foods such as milk, eggs, cereal, juice and infant formula at no cost through the Iowa WIC Program. They will also receive nutritional advice from trained professionals. A call to 1-800-532-1579, toll free, will make an appointment. At a local clinic, their gross income will be compared with the guidelines below and they will have a simple health exam.

Family Size:	1	2	3	4	5	6	7
Gross Annual Income:	$11,063	14,837	18,611	22,385	26,159	29,933	33,707
Gross Monthly Income:	922	1,237	1,552	1,867	2,182	2,497	2,812

Add $3,774 annually for each additional family member after 7.
Add $315 monthly for each additional family member after 7.

(effective 7/89 - 6/90)

Income guidelines change yearly on July 1st.

The Special Supplemental Food Program for Women, Infants and Children (WIC) is open to all eligible persons. Persons seeking to file discrimination complaints based on race, color, national origin, age, sex or handicap may write to the Secretary of Agriculture, Washington, D.C., 20250.

APPENDIX M

Women, Infant and Children (WIC) Clinic Locations

Broadlawns Medical Center - WIC
18th & Hickman
Des Moines, Iowa 50314
(515) 282-2501

Community Opportunities
603 West 8th Street
Carroll, Iowa 51401
(712) 792-9266

Hawkeye Area Community Action Program
320 11th Street
Cedar Rapids, Iowa 52406
(319) 366-7631

Hillcrest Family Services - WIC
P. O. Box 1160
2005 Asbury Road
Dubuque, Iowa 52001
(319) 583-7357

Maternal Health Center
4th Floor, Suite 400
Bettendorf Bank Building
Duck Creek Plaza, 852 Middle Road
Bettendorf, Iowa 52722
(319) 359-6635

MATURA Action Corporation
203 West Adams
Creston, Iowa 50801
(515) 782-8431

Mid-Iowa Community Action
1500 East Linn, Office Complex
Marshalltown, Iowa 50158
(515) 752-7162

Mid-Sioux Opportunity
418 Marion Street
Remsen, Iowa 51050
(712) 786-2001

Muscatine Migrant Committee
210 West Second
Muscatine, Iowa 52761
(319) 264-0855

North Iowa Community Action
300 Fifteenth, N.E.
Mason City, Iowa 50401
(515) 423-5044

Northeast Iowa Community Action
201 West Main
Decorah, Iowa 52101
(319) 382-2918

Operation Threshold
120 Independence Avenue
Waterloo, Iowa 50703
(319) 233-1851

Southeast Iowa Community Action - WIC
Memorial Auditorium, 3rd Floor
Front & Jefferson
Burlington, Iowa 52601
(319) 753-1938

American Home Finding
317 Vanness
Ottumwa, Iowa 52501
(515) 682-8784
1-800-452-1096

Upper Des Moines Opportunity
Main Street
Graettinger, Iowa 51342
(712) 852-3866

West Central Development Corporation
520 Market, Box 46
Harlan, Iowa 51537
(712) 755-7322

Woodbury County Community Action
2700 Leach, #101
Sioux City, Iowa 51106
(712) 274-1610, ext. 40

Your Own United Resources, Inc.
613 1st Street, Box 428
Webster City, Iowa 50595
(515) 832-6451

Johnson County Health Department
1105 Gilbert Ct., Health Center
Iowa City, Iowa 52240
(319) 356-6042

Pottawattamie Co. PHN-WIC
Courthouse Annex
223 South 6th Street
Council Bluffs, Iowa 51501
(712) 328-5886

APPENDIX N

Child Health Locations

Kathy Schneider, R.N.
Health Services Coordinator
Child Health Specialty Clinics -
Burlington
27 Mercy Professional Building
610 North Fourth
Burlington, Iowa 52601
(319) 752-6313

Jan Foote, R.N.
Health Services Coordinator
Child Health Special Clinics -
Creston Center
1700 West Townline Road
Creston, Iowa 50801
(515) 782-6435

Mary Frueh, R.N.
Health Services Coordinator
Child Health Specialty Clinics -
NE Iowa Center
104 Professional Arts Building
200 Mercy Drive
Dubuque, Iowa 52001
(319) 589-8899

Cheryll Jones, R.N., C.P.N.P.
Health Services Coordinator
District XV Specialized Child
Health Center (SCHS-XV)
317 Vanness Avenue, Room 203
Ottumwa, Iowa 52501
(515) 682-8145

Jane Sieleman, R.N., C.P.N.P.
Health Services Coordinator
Specialized Child Health Center -
Area 7 (SCHC-7)
118 Covenant Medical Center
3421 West Ninth
Waterloo, Iowa 50702
(319) 236-4560

Kathleen Richardson, R.N., C.P.N.P.
Health Services Coordinator
Child Health Center
603 North Adams
Carroll, Iowa 51401
(712) 792-5530

Marguerite Macek, R.N., C.P.N.P.
Health Services Coordinator
Child Health Specialty Clinics -
Davenport Center
P. O. Box 4110
West Central Park at Marquette
Davenport, Iowa 52808
(319) 383-1441 or 383-1442

Kieran Einwalter, R.N., C.P.N.P.
Health Services Coordinator
Specialized Child Service Center
1235 Fifth Avenue, South
Fort Dodge, Iowa 50501
(515) 955-8326

Jayne Earley, R.N.
Health Services Coordinator
Specialized Children's Clinic NW
(SCC-NW)
North Building
St. Luke's Regional Medical Center
2720 Stone Park Boulevard
Sioux City, Iowa 51104
(712) 279-3411 or
1-800-352-4660, Ext. 3411

Judy Anderson, R.N., C.P.N.P.
Health Services Coordinator
Child Health Specialty Center - SW
Pediatric Department
Jennie Edmundson Hospital
933 East Pierce
Council Bluffs, Iowa 51501
(712) 328-6798

Rita Engels, R.N.
Health Services Coordinator
Area Comprehensive Evaluation
Services (ACES)
1111 Ninth Street, Suite 290
Des Moines, Iowa 50314
(515) 246-8405

Jean Westendorf, R.N., C.P.N.P.
Health Services Coordinator
Medical Evaluation Clinic for
Children of Area II (MECCA II)
101 South Taylor
Mason City, Iowa 50401
(515) 424-7388

Sharon Thee, R.N.
Health Services Coordinator
Child Health Center
Spencer Municipal Hospital
114 East 12th Street
Spencer, Iowa 51304
(712) 264-6362 or 262-6363

APPENDIX O

County Public Health Nursing Service

ADAIR COUNTY

Adair County Public Health Nursing Service
205A East Iowa Street
Greenfield, Iowa 50849
(515) 743-6173

ADAMS COUNTY

Family Home Care
Mercy Hospital
P. O. Box 368
Corning, Iowa 50841
(515) 322-3121, ext. 150

ALLAMAKEE COUNTY

Allamakee County Public Health Nursing Service
Courthouse
Waukon, Iowa 52172
(319) 568-2451

APPANOOSE COUNTY

Appanoose County Public Health Nursing Service
Courthouse
Centerville, Iowa 52544
(515) 437-4332

AUDUBON COUNTY

Audubon County Public Health Nursing Service
Courthouse
Audubon, Iowa 50025
(712) 563-2226

BENTON COUNTY

Benton County Public Health Nursing Service
Virginia Gay Hospital
502 North 9th Avenue
Vinton, Iowa 52349
(319) 472-4705

BLACK HAWK COUNTY

Black Hawk County Public Health Nursing Service
1407 Independence Avenue, Fifth Floor
Waterloo, Iowa 50703
(319) 291-2413

Visiting Nursing Association
2530 University Avenue
Waterloo, Iowa 50701
(319) 235-6201

BOONE COUNTY

Boone County Public Health Nursing Service
1015 Union
Boone, Iowa 50036
(515) 432-1127 or 432-3140

BREMER COUNTY

Bremer County Public Health Nursing Service
Courthouse
415 East Bremer Avenue
Waverly, Iowa 50677
(319) 352-5040

BUCHANAN COUNTY

Buchanan County Public Health Nursing Service
Courthouse
P. O. Box 297
Independence, Iowa 50644
(319) 334-2818

BUENA VISTA COUNTY

Buena Vista County Public Health Nursing Service
Courthouse
P. O. Box 663
Storm Lake, Iowa 50588
(712) 749-2548

BUTLER COUNTY

Butler County Public Health Nursing Service
Courthouse
P. O. Box 325
Allison, Iowa 50603
(319) 267-2934

CALHOUN COUNTY

Calhoun County Department of Health
515 Court Street
P. O. Box 283
Rockwell City, Iowa 50579
(712) 297-8323

CARROLL COUNTY

Carroll County Public Health Nursing Service
603 North Adams
Carroll, Iowa 51401
(712) 792-9517

CASS COUNTY

Cass County Home Health Care Program
Cass County Hospital
1501 East 10th Street
Atlantic, Iowa 50022
(712) 243-3250

CEDAR COUNTY

Cedar County Public Health Nursing Service
Courthouse
Tipton, Iowa 52772
(319) 886-2226

CERRO GORDO COUNTY

Cerro Gordo County Public Health Nursing Service
Courthouse
220 North Washington
Mason City, Iowa 50401
(515) 421-3080

CHEROKEE COUNTY

Cherokee County Public Health Nursing Service
Courthouse
Box B
Cherokee, Iowa 51012
(712) 225-5580

CHICKASAW COUNTY

Chickasaw County Public Health Nursing Service
116 North Chestnut Avenue
P. O. Box 355
New Hampton, Iowa 50659
(515) 394-4053

CLARKE COUNTY

Clarke County Public Health Nursing Service
Courthouse
Osceola, Iowa 50213
(515) 342-3724

CLAY COUNTY

Spencer Municipal Hospital
Community Health Services
114 East 12th Street
Spencer, Iowa 51301
(712) 264-6380

CLAYTON COUNTY

Clayton County Public Health Nursing Service
County Office Building
P. O. Box 522
Elkader, Iowa 52043
(319) 245-1145

CLINTON COUNTY

Clinton County Nursing and
Homemaker-Home Health Aide Service
United Office Building
1021 11th Street
DeWitt, Iowa 52742
(319) 659-5019

Visiting Nursing Association, Clinton-Camanche
1109 North Second Street
Clinton, Iowa 52732
(319) 242-7165

CRAWFORD COUNTY

Crawford County Public Health Nursing Service
Courthouse
P. O. Box 275
Denison, Iowa 51442
(712) 263-9304

DALLAS COUNTY

Dallas County Public Health Nursing Service
10th & Iowa Streets
Perry, Iowa 50220
(515) 993-3750 or 465-2483

DAVIS COUNTY

Davis County Public Health Nursing Service
203 South Madison
Bloomfield, Iowa 52537
(515) 664-3629

DECATUR COUNTY

Decatur County Public Health Nursing Service
Courthouse
207 North Main
Leon, Iowa 50144
(515) 446-6518

DELAWARE COUNTY

Delaware County Public Health Nursing Service
115 North Madison
Manchester, Iowa 52057
(319) 927-2584

DES MOINES COUNTY

Des Moines County Public Health Nursing Service
522 North Third Street
Burlington, Iowa 52601
(319) 753-8215

Burlington Visiting Nurses' Association
522 North Third Street
Burlington, Iowa 52601
(319) 753-8298

DICKINSON COUNTY

Dickinson Public Health Nursing Service
Dickinson County Memorial Hospital
Box AB
Spirit Lake, Iowa 51360
(712) 336-2682

DUBUQUE COUNTY

Dubuque Visiting Nurse Association
1454 Iowa, P. O. Box 359
Dubuque, Iowa 52001
(319) 556-6200

EMMET COUNTY

Emmet County Public Health Nursing Service
Courthouse, 1st Floor
Estherville, Iowa 51334
(712) 362-2490

FAYETTE COUNTY

Fayette County Public Health Nursing Service
Courthouse
P. O. Box 516
West Union, Iowa 52175-0516
(319) 422-6061, Ext. 47

FLOYD COUNTY	Floyd County Community Nursing Service Floyd County Memorial Hospital 11th and South Main Charles City, Iowa 50616 (515) 228-6830
FRANKLIN COUNTY	Franklin County Public Health Nursing Service Courthouse P. O. Box 71 Hampton, Iowa 50441 (515) 456-5629
FREMONT COUNTY	Southwest Iowa Home Health Service 820 Illinois Street P. O. Box 357 Sidney, Iowa 51652 (712) 374-2685
GREENE COUNTY	Public Health Nursing and Homemaker Services Greene County Medical Center 1000 West Lincolnway Jefferson, Iowa 50129 (515) 386-3228
GRUNDY COUNTY	Grundy County Public Health Nursing Service 704 H Avenue Grundy Center, Iowa 50638 (319) 824-6312
GUTHRIE COUNTY	Guthrie County Public Health Nursing Service Courthouse, 3rd Floor Guthrie Center, Iowa 50115 (515) 747-3972
HAMILTON COUNTY	Hamilton County Public Health Services 915 Seneca Street P. O. Box 514 Webster City, Iowa 50595 (515) 832-6641
HANCOCK COUNTY	Hancock County Public Health Nursing Service Courthouse 875 State Street Garner, Iowa 50438 (515) 923-2540
HARDIN COUNTY	Hardin County Community Nursing Service County Office Building Eldora, Iowa 50627 (515) 858-2391

HARRISON COUNTY	Harrison County Public Health Nursing Service Courthouse Logan, Iowa 51546 (712) 644-2220
HENRY COUNTY	Henry County Home Care Saunders Park Mount Pleasant, Iowa 52641 (319) 385-9791
HOWARD COUNTY	Howard County Public Health Nursing Service 204 Second Avenue East Cresco, Iowa 52136 (319) 547-2989
HUMBOLDT COUNTY	Humboldt County Public Health Nursing Service Courthouse Dakota City, Iowa 50529 (515) 332-2492
IDA COUNTY	Ida County Public Health Nursing Service Courthouse P. O. Box 207 Ida Grove, Iowa 51445 (712) 364-3498
IOWA COUNTY	Iowa County Public Health Nursing Service Box 15A, R. R. #1 Williamsburg, Iowa 52361 (319) 668-1021
JACKSON COUNTY	Jackson County Home and Community Health Service Jackson County Hospital 700 West Grove Maquoketa, Iowa 52060 (319) 652-2472, Ext. 346
JASPER COUNTY	Jasper County Public Health Nursing Service Skiff Hospital 204 North Fourth Avenue East P. O. Box 1006 Newton, Iowa 50208 (515) 792-5086
JEFFERSON COUNTY	Jefferson County Public Health Nursing Service 51 West Hempstead Fairfield, Iowa 52556 (515) 472-5929

JOHNSON COUNTY

Visiting Nurse Association of Johnson County
1115 Gilbert Court
Iowa City, Iowa 52240
(319) 337-9686

JONES COUNTY

Jones County Public Health Agency
104 Broadway Place
Anamosa, Iowa 52205
(319) 462-3588

KEOKUK COUNTY

Keokuk County Public Health Nursing Service
Courthouse
Sigourney, Iowa 52591
(515) 622-3575

KOSSUTH COUNTY

Kossuth County Public Health Nursing Service
Courthouse Annex
109 West State Street
Algona, Iowa 50511
(515) 295-5602

LEE COUNTY

Lee County Health Department - Community Nursing
933 Avenue H
P. O. Box 427
Fort Madison, Iowa 52627
(319) 372-5225

Lee County Health Department - Community Nursing
(Branch Office)
7th & Blondeau
P. O. Box 794
Keokuk, Iowa 52632
(319) 524-4423

LINN COUNTY

Linn County Visiting Nurse Association
225 12th Street NE
Cedar Rapids, Iowa 52402
(319) 369-7990

LOUISA COUNTY

Louisa County Public Health Nursing Service
407 Washington
Wapello, Iowa 52653
(319) 523-3981

LUCAS COUNTY

Lucas County Public Health Nursing Service
Senior Citizens Center
117 South Grand
P. O. Box 852
Chariton, Iowa 50049
(515) 774-4312

LYON COUNTY	Lyon County Public Health Nursing Service 507 1st Avenue Rock Rapids, Iowa 51246 (712) 472-3871
MADISON COUNTY	Earlham Care Program 615 Main P. O. Box 250 Earlham, Iowa 50072 (515) 758-2831
MAHASKA COUNTY	Mahaska County Public Health Nursing Service Mahaska Hospital Building 1229 C Avenue East Oskaloosa, Iowa 52577 (515) 673-3257
MARION COUNTY	Marion County Public Health Nursing Service Courthouse Knoxville, Iowa 50138 (515) 828-2238
MARSHALL COUNTY	Marshall County Public Health Nursing Service Courthouse Marshalltown, Iowa 50158 (515) 754-6353
	Marshalltown Community Nursing Service 709 South Center Street P. O. Box 1202 Marshalltown, Iowa 50158 (515) 752-4611
MILLS COUNTY	Mills County Public Health Nursing Service 107 East Fourth Street P. O. Box 518 Malvern, Iowa 51551 (712) 624-8333
MITCHELL COUNTY	Mitchell County Home Health Care 616 North Eighth Street Osage, Iowa 50461 (515) 732-4300
MONONA COUNTY	Monona County Public Health Nursing Service 610 Iowa Street Onawa, Iowa 51040 (712) 423-1773

MONROE COUNTY	Monroe County Public Health Nursing Service Courthouse Albia, Iowa 52531 (515) 932-7191
MONTGOMERY COUNTY	Montgomery County Home Health Agency 200 Coolbaugh Red Oak, Iowa 51566 (712) 623-4893
MUSCATINE COUNTY	Community Nursing Services of Muscatine 1605 Cedar Street Muscatine, Iowa 52761 (319) 263-3325
O'BRIEN COUNTY	O'Brien County Public Health Nursing Service Courthouse P. O. Box 525 Primghar, Iowa 51245 (712) 757-0105
OSCEOLA COUNTY	Osceola Community Health Service 110 Cedar Lane Sibley, Iowa 51249 (712) 754-4611
PAGE COUNTY	Page County Public Health Nursing Service 109 North Sycamore Shenandoah, Iowa 51601 (712) 246-2223 or 246-2224
PALO ALTO COUNTY	Palo Alto County Public Health Nursing Service Palo Alto County Hospital 3201 West 1st Street Emmetsburg, Iowa 50536 (712) 852-3522
PLYMOUTH COUNTY	Plymouth County Public Health Nursing Service 19 Second Avenue NW LeMars, Iowa 51031 (712) 546-4543
POCAHONTAS COUNTY	Pocahontas County Nursing & Health Service Courthouse Pocahontas, Iowa 50574 (712) 335-4142
POLK COUNTY	Visiting Nurse Services 1111 9th Street P. O. Box 4985 Des Moines, Iowa 50306-4985 (515) 286-3955

POTTAWATTAMIE COUNTY	Pottawattamie Co. Public Health Nursing Service Courthouse Annex 223 South Sixth Street Council Bluffs, Iowa 51501 (712) 328-5744
	Visiting Nurse Association 303 City Hall 209 Pearl Street Council Bluffs, Iowa 51501 (712) 328-2636
POWESHIEK COUNTY	Home Health Department Grinnell General Hospital 210 Fourth Avenue Grinnell, Iowa 50112 (515) 236-2385
RINGGOLD COUNTY	Ringgold County Public Health Nursing Agency 211 Shellway Drive Mount Ayr, Iowa 50854 (712) 662-4785
SAC COUNTY	Sac County Public Health Nursing Service Courthouse Annex 100 South State Street Sac City, Iowa 50583 (712) 662-4785
SCOTT COUNTY	Visiting Nurse & Homemaker Service, Inc. 1202 West Third Street P. O. Box 4346 Davenport, Iowa 52808 (319) 324-5274
SHELBY COUNTY	Shelby County Public Health Nursing Service Courthouse P. O. Box 174 Harlan, Iowa 51537 (712) 755-3851
SIOUX COUNTY	Sioux County Public Health Nursing Service Courthouse Orange City, Iowa 51041 (712) 737-2971
STORY COUNTY	Homeward Mary Greenley Medical Center Ames, Iowa 50010 (515) 239-2314

TAMA COUNTY	Tama County Health Service 129 West High Street Toledo, Iowa 52342 (515) 484-4788
TAYLOR COUNTY	Taylor County Home Health Agency Courthouse Bedford, Iowa 50833 (712) 523-3405
UNION COUNTY	Greater Community Home Care Greater Community Hospital 1700 West Townline Road Creston, Iowa 50801 (515) 782-701, Ext. 428
VAN BUREN COUNTY	Van Buren County Public Health Nursing Service R. R. #2, Box 122C, Highway 1 North Keosauqua, Iowa 52565 (319) 293-3431
WAPELLO COUNTY	Wapello County Public Health Nursing Service 105 East Third Street P. O. Box 518 Ottumwa, Iowa 52501 (515) 682-5434, Ext. 35 & 36
	Ottumwa Public Health Nursing Service 317 Vanness Avenue Ottumwa, Iowa 52501 (515) 682-5457
WARREN COUNTY	Warren County Public Health 215 West Salem P. O. Box 345 Indianola, Iowa 50125 (515) 961-1074
WASHINGTON COUNTY	Washington County Public Health Nursing Service 314 McCreedy Drive Washington, Iowa 52353 (319) 653-7758
WAYNE COUNTY	Wayne County Public Health Nursing Service Courthouse P. O. Box 102 Corydon, Iowa 50060 (515) 872-1167

WEBSTER COUNTY	Webster County Public Health Nursing Service 216 South Clark Street Forest City, Iowa 50436 (515) 582-4763
WINNEBAGO COUNTY	Winnebago County Public Health Nursing Service 216 South Clark Street Forest City, Iowa 50436
WINNESHIEK COUNTY	Winneshiek County Public Health Nursing Service Courthouse 201 West Main Street Decorah, Iowa 52101 (319) 382-4662
WOODBURY COUNTY	Siouxland District Health Department Nursing Division 205 Fifth Street Sioux City, Iowa 51101 (712) 279-6121
WORTH COUNTY	Worth County Public Health Nursing Service 91 North Eighth Street Northwood, Iowa 50459 (515) 324-1741
WRIGHT COUNTY	Wright County Public Health Nursing Service Courthouse P. O. Box 349 Clarion, Iowa 50525 (515) 532-3461

APPENDIX P

Department of Education
Area Education Agency (AEA) Offices

KEYSTONE AEA 1
R. R. #2, Box 19
Elkader, Iowa 52043
(319) 245-1480
1-800-632-5918

NORTHERN TRAILS AEA 2
P. O. Box 3
Box M
Clear Lake, Iowa 50428
(515) 357-6125
1-800-392-6640

LAKELAND AEA 3
Cylinder, Iowa 50528
(712) 424-3720

AREA EDUCATION AGENCY 4
102 South Main Avenue
Sioux Center, Iowa 51250
(712) 722-4378

ARROWHEAD AEA 5
1235 5th Avenue South, Box 1399
Fort Dodge, Iowa 50501
(515) 576-7434
1-800-362-2183

AREA EDUCATION AGENCY 6
210 South 12th Avenue
Marshalltown, Iowa 50158
(515) 752-1578

AREA EDUCATION AGENCY 7
3712 Cedar Heights Drive, Box 763
Cedar Falls, Iowa 50613
(319) 273-8250

MISSISSIPPI BEND AEA 9
729 21st Street
Bettendorf, Iowa 52722
(319) 359-1371
1-800-397-1371

GRANT WOOD AEA 10
4401 6th Street Road, S.W.
Cedar Rapids, Iowa 52406
(319) 399-6700
1-800-332-8488

HEARTLAND AEA 11
6500 Corporate Drive
Johnston, Iowa 50131
(515) 270-9030
1-800-362-2720

WESTERN HILLS AEA 12
1520 Morningside Avenue
Sioux City, Iowa 51106
(712) 274-6002
1-800-352-9040

LOESS HILLS AEA 13
Halverson Center for Education
R. R. #1, Box 1109
Council Bluffs, Iowa 51501
(712) 366-0503
1-800-432-5804

GREEN VALLEY AEA 14
Green Valley Road
Creston, Iowa 50801
(515) 782-8443
1-800-362-1864

SOUTHERN PRAIRIE AEA 15
R. R. #5, Box 55
Ottumwa Industrial Airport
Ottumwa, Iowa 52501
(515) 682-8591
1-800-622-0027

GREAT RIVER AEA 16
1200 University
Burlington, Iowa 52604
(319) 753-6561
1-800-382-8970

APPENDIX Q

Parent and Educator Coordinators for Enhancing Parent-Educator Connection Project August 1989

AEA	Parent Contact	Educator Contact
AEA 1	Theresa McCabe Keystone AEA 1 312 East Street Decorah, IA 52101 (319) 382-2870	Jerry Carspecken Keystone AEA 1 R. R. #2, Box 19 Elkader, IA 52043 1-800-632-5918
AEA 2	Paula Linnevold Northern Trails AEA 2 Box M Clear Lake, IA 50428 (515) 357-6125	Roberta Kraft-Abrahamson Northern Trails AEA 2 Box M Clear Lake, IA 50428 (515) 357-6125 (515) 582-3382
AEA 3	Marcia Vrankin Lakeland AEA 3 401 1/2 Grand Spencer, IA 51301 (712) 262-4704	Peg Baehr Lakeland AEA 3 401 1/2 Grand Spencer, IA 51301 (712) 262-4704
AEA 4	Marge Beernink Area Education Agency 4 102 South Main Avenue Sioux Center, IA 51250 1-800-572-5073	Larry Biehl Area Education Agency 4 102 South Main Avenue Sioux Center, IA 51250 1-800-572-5073 Meg Otto Area Education Agency 4 102 South Main Avenue Sioux Center, IA 51250 1-800-572-5073
AEA 5	Marilyn Matteson Arrowhead AEA 5 1235 5th Avenue South Fort Dodge, IA 50501 (515) 576-7434 Kathy Lenz Arrowhead AEA 5 1235 5th Avenue South Fort Dodge, IA 50501 (515) 576-7434	Gary Petersen Arrowhead AEA 5 628 Geneseo Street Storm Lake, IA 50588 (712) 732-2257

AEA	Parent Contact	Educator Contact
AEA 6	Nita Fagerlund Area Education Agency 6 210 South 12th Avenue Marshalltown, IA 50158 (515) 752-1578	Damon Lamb Area Education Agency 6 210 South 12th Avenue Marshalltown, IA 50158 (515) 752-1578 Susan Nunn Area Education Agency 6 210 South 12th Avenue Marshalltown, IA 50158 (515) 752-1578 Teri Mayer Area Education Agency 6 210 South 12th Avenue Marshalltown, IA 50158 (515) 752-1578
AEA 7	Donna Hansen Area Education Agency 7 3706 Cedar Heights Drive Cedar Falls, IA 50613 (319) 273-8251 Donna Ostercamp Area Education Agency 7 3706 Cedar Heights Drive Cedar Falls, IA 50613 (319) 273-8251	Catherine Hill-King Area Education Agency 7 3706 Cedar Heights Drive Cedar Falls, IA 50613 (319) 273-8251
AEA 9	Mardi Deluhery Area Education Agency 9 Mississippi Bend AEA 729 21st Street Bettendorf, IA 52722 (319) 359-1371 1-800-397-1371	Vernon Vance Area Education Agency 9 Mississippi Bend AEA 729 21st Street Bettendorf, IA 52722 (319) 359-1371 1-800-397-1371
AEA 10	Geri Pettitt Grant Wood AEA 10 4401 6th Street Road, SW Cedar Rapids, IA 52402 1-800-332-8488	Bill Landers Grant Wood AEA 10 200 Holiday Road Coralville, IA 52241-1112 (319) 351-2510

AEA	Parent Contact	Educator Contact
AEA 11	Mary Baumhover 233 South Court Carroll, IA 51401 (712) 792-9831	Tom Burgett Heartland AEA 11 6500 Pioneer Parkway Johnston, IA 50131-1603 (515) 270-9030
	Wendy Comer Route 1 Harvey, IA 50119 (515) 949-6462 (Home) (515) 842-2719 (Work)	J. R. Phillips Heartland AEA 11 6500 Pioneer Parkway Johnston, IA 50131-1603 (515) 270-9030
	Tamra Cooke 1568 Johnson Indianola, IA 50125 (515) 961-7936 (Home)	
	Jane Guy R. R. #5 Newton, IA 50208 (515) 792-6614 (Home) (515) 792-4870 (Work)	
	Carol Kelley 1008 Cedar Street Adair, IA 50002 (515) 742-3444 (Home) (515) 747-2212 (Work)	
	Becky Meade 4121 Ovid Des Moines, IA 50310 (515) 255-2317 (Home)	
	Elizabeth Nygaard R. R. #4 Ames, IA 50010 (515) 292-1350 (Home) (515) 232-7583 (Work)	
	Brenda Rieken 1408 Garst Avenue Boone, IA 50036 (515) 432-5282 (Home) (515) 432-6345 (Work)	

AEA	Parent Contact	Educator Contact
AEA 11 (Cont)	Sue Simons 1433 N.W. 105th Street Des Moines, IA 50322 (515) 225-1356 (Home) (515) 270-9030 (Work) Ellen Sue Strand 5420 N.W. 55th Avenue Johnston, IA 50131 (515) 270-0884 (Home) (515) 270-9030 (Work) Jo Ann Struve 1317 N.W. Pebble Ankeny, IA 50021 (515) 964-8624 (Home)	
AEA 12	Linda Appleby Western Hills AEA 12 1520 Morningside Avenue Sioux City, IA 51106 (712) 274-6014 1-800-352-9040	Mark Monson Western Hills AEA 12 1520 Morningside Avenue Sioux City, IA 51106 (712) 274-6040 1-800-352-9040
AEA 13	Cindy Miller Loess Hills AEA 13 Box 1109 Council Bluffs, IA 51502 1-800-432-5804	Jens Simonsen AEA Atlantic Extension Office 510 Poplar Atlantic, IA 50022 (712) 243-1480 (712) 755-3896
AEA 14	Laura Pontious Green Valley AEA 14 1405 North Lincoln Creston, IA 50801 (515) 782-8443 1-800-362-1864	Harold Connolly Green Valley AEA 14 1405 North Lincoln Creston, IA 50801 (515) 782-8443 1-800-362-1864
AEA 15		Deb House-Deere Southern Prairie AEA 15 R. R. #5, Box 55 Ottumwa, IA 52501 (515) 683-3823
AEA 16	Deana Dailey Great River AEA 16 1200 University Burlington, IA 52601 (319) 753-6461 1-800-283-8970	Kaye Hanna Great River AEA 16 1200 University Burlington, IA 52601 (319) 753-6561 1-800-382-8970

State Parent Contact	State Educator Contact
Yvonne Riesen MPRRC Drake University Des Moines, IA 50311 (515) 271-3936	Dena Goplerud MPRRC Drake University Des Moines, IA 50311 (515) 271-3926

University of Iowa Hospital Schools

Val Vogeler Parent-Patient Representative University Hospital Schools Division of Developmental Disabilities University of Iowa Iowa City, IA 52242 (319) 356-1419	Darrell L. Bolender Parent Coordinator Parent Partnership Project Iowa Child Health Specialty Clinics 247 University Hospital School Iowa City, IA 52242 (319) 356-8391

Iowa Exceptional Parent Center

Nancy Thompson
Box 1151
Fort Dodge, IA 50501
(515) 576-5870

APPENDIX R

Head Start Area Agencies

Colleen Reisener, Director
Black Hawk-Buchanan Child & Family
Development Council, Inc.
P. O. Box 3338
Evansdale, Iowa 50707
(319) 235-0383

Kathy Schlitz, Director
Community Opportunities, Inc.
603 West 8th Street
Carroll, Iowa 51401
(712) 792-9266

Betty Minor, Director
Drake University
Memorial Hall
25th & University
Des Moines, Iowa 50311
(515) 271-2810

Chris Carmen, Director
Hawkeye Area Community Action
Program, Inc.
320 11th Avenue, SE
P. O. Box 789
Cedar Rapids, Iowa 52401
(319) 366-7631

Arlys Benzon, Director
Iowa East Central TRAIN
2804 Eastern Avenue
Davenport, Iowa 52801
(319) 324-3236

Anna Mae Rawls, Director
MATURA Action Corporation
203 West Adams
Creston, Iowa 50801
(515) 782-8431

Vickie Nissen, Director
Mid-Iowa Community Action Inc.
1500 East Linn
Marshalltown, Iowa 50158
(515) 752-7162

Joan Hielkema, Director
Mid-Sioux Opportunities, Inc.
418 Marion Street
Remsen, Iowa 51050
(712) 786-2001

Dianne Casto, Director
North Iowa Community Action Agency
300 15th St., N.E., P.O. Box 1627
Mason City, Iowa 50401
(515) 423-5406

Ann Gearhart, Director
Northeast Iowa Community Action
Corporation
201 West Main Street
Decorah, Iowa 52101
(319) 382-2918

Joanne Wurtz, Director
Operation New View
Box 152
Peosta, Iowa 52068
(319) 556-5130

Dianne Riley, Director
South Central Iowa Community
Action Agency
1403 NW Church
Leon, Iowa 50144
(515) 446-4155

Sharon Ford, Director
Southeast Iowa Community Action
Organization
720 1/2 Jefferson
Burlington, Iowa 52601
(319) 752-2719

Ruth Guy, Director
Southern Iowa Economic Development
Association
226 West Main, Box 658
Ottumwa, Iowa 52501
(515) 682-8741

Mary Jo Madvig, Director
Upper Des Moines
905 Lake Street, BOx 98
Emmetsburg, Iowa 50536
(712) 852-3866

Janice Nielsen, Director
West Central Development
Corporation
Box 128, 204 Oak Street
Moorehead, Iowa 51558
(712) 886-5218

Janie Moeller, Director
Woodbury County Community Action
Agency
2700 Leach Avenue
Sioux City, Iowa 51106
(712) 274-1610

Bill Pratt, Director
YOUR, Inc.
132 East Second Street, Box 428
Webster City, Iowa 50595
(515) 832-6451

APPENDIX S

Early and Periodic Screening, Diagnosis and Treatment Provisions (EPSDT)

TABLE 3

Child's Age	Number of Screenings That Are Payable	Recommended Ages for Screening
0 to 12 months	4	2, 4, 6 and 9 months
13 months to 24 months	2	15 and 18 months
25 months to 36 months	1	30 months
37 months to 48 months	1	42 months
4 years to 6 years	1	5 years or preschool
6 years to 9 years	1	8 years
9 years to 13 years	1	12 years
13 years to 17 years	1	14 years
17 years to 21 years	1	18 years

The families who accept screening will receive a notice that screening should be done 60 days before the recommended ages for screening. New eligibles will receive a notice that screening is to be done immediately and then notified as the child reaches the recommended ages.

APPENDIX T

COMPONENTS OF EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT	Approximate Age												
	2mo	4mo	6mo	9mo	15mo	18mo	2½ 30mo	3½ 42mo	5 Year 60 mo. Pre-School	6-8 Year	9-12 Year	13-16 Year	17-20 Year
HEALTH HISTORY & NUTRITIONAL STATUS Include Developmental History	*	*	*	*	*	*	*	*	*	*	*	*	*
MEASUREMENTS - wgt., lgth. or ht.	*	*	*	*	*	*	*	*	*	*	*	*	*
Head Circumference	*	*	*	*	*	*							
PHYSICAL INSPECTION Complete and Unclothed	*	*	*	*	*	*	*	*	*	*	*	*	*
ASSESSMENT OF DEVELOPMENTAL MILESTONES	*	*	*	*	*	*	*	*	*				
VISION - Eye Observation (Include response to visual stimulation.)	*	*	*	*	*	*	*	*3/	*3/	*4/	*4/	*4/	*4/
HEARING - Ear Examination (Include response to sound.)	*	*	*	*	*	*	*	*	*	*	*	*	*
DENTAL (Observe mouth)	*	*	*	*	*	*	*	*2/	*2/	*2/	*2/	*2/	*2/
TUBERCULIN TEST 1/													
HEMATOCRIT OR HEMOGLOBIN			*	*1/	*		*	*	*	*	*	*	*
URINALYSIS							*	*	*	*	*	*	*
IMMUNIZATION REVIEW (Providing as indicated)	*	*	*	*	*	*	*	*	*	*	*	*	*
BLOOD LEAD TEST	To be done between 2½ years and 6 years when child is considered at risk.												
SICKLE CELL TEST	ONLY ONCE - on infant or young child, or on child entering puberty only when resources for electrophoresis and genetic counseling are available.												

1/ When clinically indicated
2/ Direct referral to a dentist
3/ Illiterate E Chart
4/ Snelling

NOTE: Other procedures by clinical indication. Include STS, GC, or PAP smear.

APPENDIX U

State Child Care Assistance Income Guidelines

In order to be eligible, the family must have a gross income that is no more than the following:

Family Size	Monthly Gross Income	Annual Gross Income
2	$1,003	$12,036
3	$1,258	$15,096
4	$1,513	$18,156
5	$1,768	$21,216
6	$2,023	$24,276
7	$2,278	$27,336
8	$2,533	$30,396
9	$2,788	$33,456
10	$3,043	$36,516

For each family member in addition to 10, add $255 to monthly income.
(Effective July, 1989 and may change yearly.)

APPENDIX V

Neuromuscular Disease

DISEASES INCLUDED IN MUSCULAR DYSTROPHY ASSOCIATION'S PROGRAM

Muscular dystrophy is a term describing a group of diseases characterized by the progressive degeneration of voluntary muscle. MDA's medical services program now covers 40 neuromuscular diseases, which include the muscular dystrophies and other diseases of muscle closely related to the dystrophies in their pathologies and disabling effects. These conditions vary in age of onset, rate of progression and the muscle groups affected. MDA provides medical services to those affected by the following diseases:

Muscular Dystrophy

Duchenne Muscular Dystrophy (Pseudohypertrophic)
Becker Muscular Dystrophy
Emery-Dreifuss Muscular Dystrophy
Limb-Girdle Muscular Dystrophy
Juvenile Dystrophy of Erb
Facioscapulohumeral Muscular Dystrophy (Landouzy-Dejerine)
Myotonic Dystrophy (Steinert's Disease)
Oculopharyngeal Muscular Dystrophy
Ocular Muscular Dystrophy
Distal Muscular Dystrophy
Congenital Muscular Dystrophy
Muscular Dystrophy of Late Onset

Motor Neuron Diseases

Amyotrophic Lateral Sclerosis (ALS)
Infantile Progressive Spinal Muscular Atrophy (Type 1, Werdnig-Hoffmann Disease)
Intermediate Spinal Muscular Atrophy (Type 2)
Juvenile Spinal Muscular Atrophy (Type 3, Kugelberg-Welander Disease)
Adult Spinal Muscular Atrophy (Aran-Duchenne Type)

Inflammatory Myopathies

Polymyositis
Dermatomyositis
Myositis Ossificans

Diseases of Neuromuscular Junction

Myasthenia Gravis
Eaton-Lambert (Myasthenic) Syndrome

Disease of Peripheral Nerve

Peroneal Muscular Atrophy (Charcot-Marie-Tooth Disease)
Friedreich's Ataxia
Dejerine-Sottas Disease

Myotonias

Myotonia Congenita (Thomsen's Disease)
Paramyotonia Congenita

Metabolic Disease of Muscle

Phosphorylase Deficiency (McArdle's Disease)
Acid Maltase Deficiency (Pompe's Disease)
Phosphofructokinase Deficiency (Tarui's Disease)
Debrancher Enzyme Deficiency (Cori's or Forbe's Disease)
Carnitine Deficiency
Carnitine Palmityltransferase Deficiency
Periodic Paralysis

Myopathies Due to Endocrine Abnormalities

Hyperthyroid Myopathy
Hypothyroid Myopathy

Less Common Myopathies

Central Core Disease
Nemaline Myopathy
Mitochondrial Disease
Myotubular Myopathy

BIBLIOGRAPHY

Beckett, Julie. Health Care Financing: A Guide for Families (Iowa City, Iowa 1989). Available from National Maternal and Child Health Resource Center, College of Law Building, The University of Iowa, Iowa City, Iowa 52242.

"Camp Courageous of Iowa - A Special Camp for Campers With Special Needs." Camp Courageous of Iowa, Monticello, Iowa.

"Camp Courageous of Iowa - Respite Care." Camp Courageous of Iowa, Monticello, Iowa.

"Child Development Clinic." Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa.

"Description to Maternal and Child Health Services (IDPH Publication). Iowa Department of Public Health, Des Moines, Iowa.

"Disability Evaluation Under Social Security," United States Department of Health and Human Services, Social Security Administration, SSA Publication No. 05-10089, February, 1986.

Gaylord, Catherine L. and Leonard, Alice M. Health Care Coverage for the Child With a Chronic Illness or Disability (Madison, Wisconsin 1988). Available from Center for Public Representation, 121 S. Pinckney Street, Madison, Wisconsin 53703.

"Head Start." Iowa Head Start Director's Association, Carroll, Iowa. (1/88)

"Homemaker-Home Health Aide Task Force Report" (HHHA #179). Iowa Department of Public Health, Des Moines, Iowa. (7/84)

Hoyt, Denny. "Unraveling the Medicaid Mystery, "Parent Center Quarterly. Iowa Exceptional Parent Center, Fort Dodge, Iowa. (Winter 88-89)

"Infant and Young Child Clinic." Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa.

"Iowa Home Care Monitoring Program" (CHSC Publication 93526). Iowa Child Health Specialty Clinics, Iowa City, Iowa. (7/89)

"Medicaid for the Medically Needy (IDHS Publication COMM.30). Iowa Department of Human Services, Des Moines, Iowa. (Revised 1/89)

"Metabolic Clinic." Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa.

"Muscular Dystrophy Association Services for the Patient, the Family, the Community" (MDA Publication P105-50M). Muscular Dystrophy Association, Des Moines, Iowa. (5/87)

"Myelodysphasia Clinic." Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa.

"Protection and Advocacy (to Defend and Promote the Rights of Individuals with Developmental Disabilities)." Iowa Protection and Advocacy Services, Inc., Des Moines, Iowa.

"Shriners Hospitals for Crippled Children." Shriners Hospitals, Tampa, Florida.

State of Iowa Comprehensive Health Association (Form 88301CHA-App and Form MGAC142, 11-87). Mutual of Omaha Insurance Company, Administrator, P. O. Box 31746, Omaha, Nebraska 68131.

"State Supplementary Assistance" (IDHS Publication COMM.18). Iowa Department of Human Services, Des Moines, Iowa. (1/87)

"What Health Care Professionals Need to Know About the Special Supplemental Food Program for Women, Infants, Children" (IDPH Publication PR7124). Iowa Department of Public Health, Des Moines, Iowa.

"Young Adult Clinic." Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa.

"Your Guide to Medicaid" (IDHS Publication COMM.20). Iowa Department of Human Services, Des Moines, Iowa. (Revised 9/88)